

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002193

1. Entity Name

ADVANCED LOANS, L.C.

FILED

00 JAN 24 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
400 EAGLE LAKE LOOP ROAD
WINTER HAVEN FL 33880

Mailing Address
C/O KATHY H. MCDANIEL
P.O. BOX 5609
WINTER HAVEN FL 33880-0609



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3536440

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODWIN, JAMES W
400 NORTH TAMPA STREET, SUITE 2300
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME BERRY, JACK M JR.
STREET ADDRESS 1945 8TH TERRACE, SE
CITY- ST- ZIP WINTER HAVEN FL 33880

TITLE MGRM ☐ Delete
NAME MCDANIEL, KATHY H
STREET ADDRESS 344 LAKE DAISY CIRCLE
CITY- ST- ZIP WINTER HAVEN FL 33880

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 500003119405--8
STREET ADDRESS -02/01/00--01123--014
CITY- ST- ZIP *****55.00 *****55.00

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Kathy H. McDaniel SIGNATURE Kathy H. McDaniel, Member/Manager 1/21/00 (863)324-4988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #