

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002209

1. Entity Name

FDC LEASING, L.L.C.

FILED

01 JAN 30 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2020 CLUB HOUSE DRIVE  
SUN CITY CENTER FL 33571-5698

Mailing Address

2020 CLUB HOUSE DRIVE  
SUN CITY CENTER FL 33571-5698

2. Principal Place of Business

14500 VISTA RIVER DRIVE

3. Mailing Address

PO Box 07026

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

Zip

33908

Country

USA

Zip

33919

Country

USA

4. FEI Number

59-3536296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLINN, MILTON  
24311 WALDEN CTR. DRIVE  
SUITE 205  
SUN CITY CENTER FL 33571-5698

7. Name and Address of New Registered Agent

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 MGR ☐ Delete  
NAME ACKERMAN, DON E  
STREET ADDRESS 24311 WALDEN CENTER DRIVE  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE MGR ☐ Delete  
NAME HOFFMAN, ALFRED JR.  
STREET ADDRESS 2020 CLUB HOUSE DRIVE  
CITY-ST-ZIP SUN CITY CENTER FL 33571-5698

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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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: *A. Hoffman* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)