2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 08:00 AM
Secretary of State

DOCUMENT # **L98000002247**

1. Entity Name
KINGS POINT FINANCE L.C.

Principal Place of Business	Mailing Address
ONE INDEPENDENT DRIVE, SUITE 2210	ONE INDEPENDENT DRIVE, SUITE 2210
JACKSONVILLE FL	JACKSONVILLE FL
32202	32202

2. Principal Place of Business		3. Mailing Address	
ONE INDEPENDENT DR		ONE INDEPENDENT DR	
Suite, Apt. #, etc. SUITE 2210		Suite, Apt. #, etc. SUITE 2210	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL	
Zip 32202	Country US	Zip 32202	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3538281** ☐ Applied For ☐ Not Applicable

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
SURFACE J. FRANK JR	Name: SURFACE J. FRANK JR
ONE INDEPENDENT DRIVE, SUITE 2210	Street Address (P.O. Box Number is Not Acceptable): ONE INDEPENDENT DR
JACKSONVILLE FL	SUITE 2210
32202 US	City: JACKSONVILLE **FL** Zip Code: 32202

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 **J. FRANK SURFACE JR.** 04/26/2001
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			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	MORTGAGE ADVISORS, INC.		NAME	MORTGAGE ADVISORS, INC.	
STREET ADDRESS	P.O. BOX 52852		STREET ADDRESS	ONE INDEPENDENT DR., SUITE 2210	
CITY-ST-ZIP	JACKSONVILLE FL 32201		CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (11/00)

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: J. Frank Surface Jr. P 04/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #