

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003019

1. Entity Name
TLC, L.C.

Principal Place of Business
FL9-001-09-03, 50 NORTH LAURA STREET
JACKSONVILLE FL 32202-3664

Mailing Address
FL9-001-09-03, 50 NORTH LAURA STREET
JACKSONVILLE FL 32202-3664

2. NC1-021-02-20
401 N TRYON ST
CHARLOTTE NC 28255

3. ME NC1-021-02-20
401 N TRYON ST
Sui CHARLOTTE NC 28255

City & State

City & State

4. FEI Number 59-3546812

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 NAME MGRM * Banc of AMERICA COMMUNITY DEVELOPMENT CORP
STREET ADDRESS FL9-001-09-03, 50 NORTH LAURA STREET
CITY-ST-ZIP JACKSONVILLE FL 32202-3664 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME mgr m Banc of America Community Development Corp. ☒ Change ☐ Addition
STREET ADDRESS NC1-021-02-20
CITY-ST-ZIP 401 N TRYON ST
CHARLOTTE NC 28255 ☐ Change ☐ Addition

TITLE NAME SVP Greg S. mroz ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME 700004383527 ☐ Change ☐ Addition
STREET ADDRESS -06/08/01--01052--011
CITY-ST-ZIP *****50.00 *****50.00

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

TITLE NAME ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #

SVP
Greg S. mroz 5-3-01 704-386-5591

FILED
2001 MAY 10 PM 3:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE