

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001476

1. Entity Name

ST. JOHNS PLACE, L.C.

Principal Place of Business

Mailing Address

FL9-001-09-03

FL9-001-09-03

50 NORTH LAURA STREET

50 NORTH LAURA STREET

JACKSONVILLE FL 32202-3664

JACKSONVILLE FL 32202-3664

2. NC1-021-02-20

3. NC1-021-02-20

401 N TRYON ST

401 N TRYON ST

CHARLOTTE NC 28255

CHARLOTTE NC 28255

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3563646

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

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

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 # Banc of
NAME AMERICA COMMUNITY DEVELOPMENT CORP.
STREET ADDRESS 50 NORTH LAURA STREET FL9-001-09-03
CITY-ST-ZIP JACKSONVILLE FL 32202-3664

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE
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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 3:37

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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