

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002210

1. Entity Name

FIRST COMMERCIAL CAPITAL FUND I, L.L.C.

APPROVED
AND
FILED

00 APR -3 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/18

Principal Place of Business

760 S. VOLUSIA AVENUE
ORANGE CITY FL 32763

Mailing Address

760 S. VOLUSIA AVENUE
ORANGE CITY FL 32763-6506

2. Principal Place of Business

102 James Pond Ct

Suite, Apt. #, etc.

3. Mailing Address

102 James Pond Ct.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DeBary FL.

City & State

DeBary FL.

4. FEI Number

59-3626403

Applied For

Not Applicable

Zip

32713

Country

US

Zip

32713

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WANAMAKER, JOHN
760 S. VOLUSIA AVENUE
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

Name

John Wanamaker

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

102 James Pond Ct

City

DeBary

FL

Zip Code

32713

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

3/29/2000

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME WANAMAKER, JOHN
STREET ADDRESS 760 S. VOLUSIA AVENUE
CITY- ST- ZIP ORANGE CITY FL 32763
102 James Pond Ct.
DeBary FL. 32713

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
700003217227--5
-04/20/00--01099--014
*****50.00 *****50.00

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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 OR MANAGER

Date

Daytime Phone #

3/29/2000 (904) 775-1100

CR2E083 (9/99)