

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003009

1. Entity Name

POLYCORR LEASING L.L.C.

FILED

00 JAN 24 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6800 SUEMAC PLACE
JACKSONVILLE FL

Mailing Address

6800 SUEMAC PLACE
JACKSONVILLE FL 32254-5700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3571077

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

VOLPE, TIMOTHY W

121 WEST FORSYTH STREET SUITE 900
JACKSONVILLE FL 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

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 NAME ☐ Delete
MGRM BUTTNER, EDWARD W IV
STREET ADDRESS 7800 BELFORT PARKWAY SUITE 165
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE NAME ☐ Change ☐ Addition
1000003119221--3
STREET ADDRESS -02/01/00--01118--001
CITY-ST-ZIP *****50.00 *****50.00

TITLE NAME ☐ Delete
MGRM CROPPER, M S
STREET ADDRESS 199 GOVERNORS ROAD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32982

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

TITLE NAME ☐ Delete
MGRM POWELL, F C III
STREET ADDRESS 3947 BOULEVARD CENTER DRIVE
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE NAME ☐ Delete
MGRM VOLPE, TIMOTHY W
STREET ADDRESS 3947 BOULEVARD CENTER DRIVE
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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: *Edward Buttner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-17-00

Date

(904) 281-0080

Daytime Phone #