## **2000 UNIFORM BUSINESS REPORT (UBR)**

| DOCUMENT # L9900004578  1. Entity Name F & T HOME LENDING, L.L.C.  |  |   |                           |  | FILED  |   |                                |              |    |
|--|--|---|---------------------------|--|--|---|--------------------------------|--------------|----|
|  |  |   |                           |  | 00 JAN 27 AM 11: 28  |   |                                |              |    |
| Principal Place of Business Mailing Address  1019 SWEETBRIAR PLACE 1019 SWEETBRIAR PLACE WELLINGTON FL 33414 WELLINGTON FL 33414 |  |   |                           |  | SECRET<br>TALLAH   | ARY OF STATE<br>ASSEE, FLORIDA                | 4                              |              |    |
|  |  |   |                           |  |  |   | ini <b>19</b> 00 <b>1061 (</b> |              |    |
| 2. Principal P   | 3. Mailing Address   | ling Address  |                           |  |  |   |                                |              |    |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.   | uite, Apt. #, etc.        |  |  | DO NOT WRITE IN THIS SPACE                    |                                |              |    |
| City & State   |  | City & State  | City & State              |  | 4. FEI Number Applied For Not Applicable                     |   |                                |              | 7  |
| Zip  | Zip Country  |   | Country                   |  | 5. Certificate of Status Desired S5.00 Addition Fee Required |   |                                | litional     | 1  |
|  | 6. Name and Address of Curre   | nt Registered Agent   |                           |  | 7. Name and Ad   | Idress of New Registere                       | d Agent                        |              | 1  |
| FIGURE OTHER   |  |   |                           | Name   |  |   |                                |              |    |
| FISCHER, STUART<br>1019 SWEETBRIAR PLACE   |  |   |                           | Street Address (P.O. Box Number is Not Acceptable) |  |   |                                |              |    |
| WELLINGTON FL 33414  |  |   |                           |  |  |   |                                |              | 1  |
|  |  |   | }                         | City   | FL Zip Code  |   |                                |              | 1  |
| 8. The above   | named entity submits this statemen   | for the purpose of changing it  | ts registere              | d office or regist                                 | ered agent, or both, in                                      | n the State of Florida.                       |                                |              | 1  |
|  |  |   |                           |  |  |   |                                |              |    |
| SIGNATURE .  | Signature, typed or printed name of registered ag                                  | ent and title if applicable. (NO  | TE: Registered            | Agent signature requir                             | red when reinstating)  | DATE  |                                |              | 1  |
|  |  | FILE N  | 10W!!! F                  | EE IS \$50.00                                      | ,  |   |                                |              |    |
|  |  | Make Check P  | ayable to                 | Department   | of State   |   |                                |              |    |
| 9.   | MANAGING MEN   | MBERS/MEMBERS   | 10.                       |  |  | ADDITIONS/CHANG                               | ES                             |              | +  |
| TITLE  | MGR  | ☐ Delete  | TITLE                     |  |  |   | ☐ Change                       | Addition     |    |
| NAME<br>STREET ADDRESS   | FISCHER, STUART 1019 SWEETBRIAR PLACE  |   |                           | T ADDRESS  | ADDRESS  |   |                                |              |    |
| CITY-8T-ZIP  | WELLINGTON FL 33414  |   | CITY-                     | \$T-ZIP  |  |   |                                |              | i  |
| TITLE  |  | Octob   | TITLE<br>Name             | '  |  | 1002110                                       | Change                         | Addition     | 1  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   | . STREE                   | T ADDRESS<br>ST-ZIP                                | <u>و اوران</u><br>   | 0 <b>003118</b><br>-02/01/000<br>*******50.00 | 0107203<br>*****50             | 30 -<br>30 - |    |
| TITLE  |  | Delete  | TITLE                     |  |  |   | Change                         | Addition     | 1  |
| NAME   | i  |   | NAME                      | · · ·  |  |   |                                |              |    |
| STREET ADDRESS GITY-ST-ZIP   |  |   |                           | T ADDRESS<br>ST-ZIP                                |  |   |                                |              |    |
| TITLE  |  | Delete  | TITLE                     |  | $\sim$ 1   | \   | Change                         | Addition     | 1  |
| NAME   |  |   | NAME                      |  | 1/1  | }   |                                |              |    |
| STREET ADDRESS<br>City-81-21P  |  |   |                           | T ADDRESS<br>8T-ZIP                                | 1 //   |   |                                |              |    |
| TITLE  |  | ☐ Delete  | TITLE                     |  |  |   | Change                         | Addition     | 1  |
| NAME   |  |   | NAME                      | 1  |  |   |                                |              | ١, |
| STREET ADDRESS<br>CITY-ST-ZIP  |  | -   | 1                         | Y ADDRESS<br>ST-ZIP                                |  |   |                                |              | 1  |
| TITLE  |  | ☐ Delete  | TITLE                     |  | <del></del>  |   | Change                         | Addition     | 1  |
| N.TME  | ,  | •   | NAME                      | T ADDRESS  |  |   |                                |              | -  |
| STREET ADDRESS   | es progress to the late to   |   |                           | ST-ZIP   |  |   |                                |              |    |
| i. I hereby o  | nortify that the information cumplied w  | with this filing does not qualify f                                       | or the exen               | nption stated in S                                 | Section 119.07(3)(i), F                                      | orida Statutes. I further                     | certify that the in            | nformation   | 1  |
| indicated<br>limited lia   | I on this report is true and accurate a<br>ability company or the receiver or must | nd that my signature shall have<br>tee emp <b>ov</b> ered to execute this | e the same<br>s report as | regal effect as if<br>required by Cha              | r made under oath; th<br>apter 608, Florida Stat             | at i am a managing men<br>utes.               | nber or manage                 | r or the     |    |