

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006308

1. Entity Name

MERRITT LENDING LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 31 AM 10:02

Principal Place of Business

545 HERON DRIVE
MERRITT ISLAND FL 32952

Mailing Address

545 HERON DRIVE
MERRITT ISLAND FL 32952

2. Principal Place of Business

311 MAGNOLIA AVENUE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, FL

City & State

Zip

Country

32952

USA

Country

4. FEI Number

59-3603207

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INC

1 EAST BROWARD BLVD., STE 700
FORT LAUDERDALE FL 33302

7. Name and Address of New Registered Agent

Name

JOSEPH D. McBRIDE JR.

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

545 HERON DRIVE

City

MERRITT ISLAND

FL

Zip Code

32952

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

JOSEPH D. McBRIDE JR.

8/14/00

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/MANAGERS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
CHEYL R. McBRIDE
545 HERON DRIVE
MERRITT ISLAND, FL 32952

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
JOSEPH D. McBRIDE JR.
545 HERON DRIVE
MERRITT ISLAND, FL 32952

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100003384301
-03/03/00--01108--006
*****50.00 *****50.00

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

TITLE ☐ Change ☐ Addition
NAME
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:

JOSEPH D. McBRIDE JR. 8/14/00

Date

Daytime Phone #

321-449-4012

CR2E083 (5/00)