

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L99000007764

1. Entity Name
TAYLOR CAPITAL MANAGEMENT, L.L.C.

FILED

01 APR -4 AM 9:22
COHEN, SMITH & CO., PA.
SEALAND, FLORIDA 3223858
TALLAHASSEE, FLORIDA

Principal Place of Business
1900 ANCHOR AVENUE
DELAND FL 32720-2389

Mailing Address
1900 ANCHOR AVENUE
DELAND FL 32720-2389



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3609226

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

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
(POST OFFICE BOX 2491)
DAYTONA BEACH FL 32115-2491

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

10. ADDITIONS/CHANGES

TITLE MGRM
NAME TAYLOR, ROSELYN M TRUSTEE
STREET ADDRESS 1900 ANCHOR AVENUE
CITY-ST-ZIP DELAND FL 32720-2389 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: ✓

Roselyn M. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

✓ 3/29/01 ✓ 904/822-4731

Date Daytime Phone #

CR2E083 (11/00)