

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 FEB 17 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007784

1. Entity Name

**BANC First** NLC MORTGAGE LENDING, LLC

Principal Place of Business

BUILDING ONE, SUITE 201  
700 WEST HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441

Mailing Address

BUILDING ONE, SUITE 201  
700 WEST HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441-1612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

660959970

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

7. Name and Address of New Registered Agent

HENSCHEL, JEFFREY  
BUILDING ONE, SUITE 201  
700 WEST HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441

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

N/A

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 Henschel, Jeffrey "MGRM" ☐ Delete  
STREET ADDRESS 700 W. Hillsboro Blvd  
CITY - ST - ZIP Deerfield Beach, FL 33441

Member ☐ Change ☒ Addition  
NLC Financial Services, LLC  
700 W. Hillsboro Blvd. Bldg 1 #201  
Deerfield Beach, FL 33441 ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

500003143985--9  
-02/23/00--01018--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
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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:

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

Jeffrey M. Henschel

Date

2/11/00 954-420-0060x110

Daytime Phone #

CR2E083 (9/99)