

2001 UNIFORM BUSINESS REPORT (UBR)

0027227 AF

DOCUMENT # M00000000473

1. Entity Name

AGRICULTURAL MORTGAGE COMPANY OF AMERICA, LLC

01 APR -4 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

310 WEST LIBERTY STREET, SUITE 503
LOUISVILLE KY 40202

Mailing Address

310 WEST LIBERTY STREET, SUITE 503
LOUISVILLE KY 40202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2209 River Road

3. Mailing Address

2209 River Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Louisville, Ky

City & State

Louisville Ky

4. FEI Number

25-1827141

Applied For

Not Applicable

Zip

Country

40206 Jefferson

Zip

Country

40206 Jefferson

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

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CITY-ST-ZIP

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*****55.00 *****55.00

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]

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

Date

Daytime Phone #

3/27/01 502-581-1152

CR2E083 (11/00)