

2001 UNIFORM BUSINESS REPORT (UBR)

0030428 AB

DOCUMENT # M00000000797

1. Entity Name

AMERICAN ADVANTAGE FUNDING LLC

FILED

01 APR -6 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1551 JENNINGS MILL RD SUITE 2900 D
BOGART GA 30622

Mailing Address

1551 JENNINGS MILL RD SUITE 2900 D
BOGART GA 30622

4227 Pleasant Hill Rd
Bldg 11 Ste 300 Duluth Ga 30096

2. Principal Place of Business

4227 Pleasant Hill Rd
Suite Apt. #, etc Suite 300

3. Mailing Address

4227 Pleasant Hill Rd
Suite, Apt. #, etc. Bldg 11 Suite 300

City & State

Duluth GA

City & State

Duluth Ga

4. FEI Number

58-2518903

Applied For

Not Applicable

Zip
30096

Country
USA

Zip
30096

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGHTOWER, BILLY R
1969 TEMPLE TERRACE
CLEARWATER FL 33764

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 MGR
NAME HIGHTOWER, BILLY A
STREET ADDRESS 1551 JENNINGS MILL RD SUITE 2900-D
CITY-ST-ZIP BOGART GA 30622 ☒ Delete

TITLE MRG
NAME Billy A Hightower
STREET ADDRESS 4227 Pleasant Hill Rd Bldg 11
CITY-ST-ZIP Suite 300 Duluth Ga 30096 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

Date

Daytime Phone #

CR2E083 (11/00)