

2001 UNIFORM BUSINESS REPORT (UBR)

0027444 AF

DOCUMENT # M00000000867

1. Entity Name
FAISON-WINTER HAVEN, LLC

FILED

01 JAN 31 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2550 INTERSTATE TOWER
121 WEST TRADE STREET
CHARLOTTE NC 28202

Mailing Address
2550 INTERSTATE TOWER
121 WEST TRADE STREET
CHARLOTTE NC 28202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

56-2184822

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

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANAGER/MEMBER
FAISON CAPITAL DEVELOPMENT, LLC
121 W. TRADE STREET, STE. 2550
CHARLOTTE, NC 28202

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEMBER
FAISON ICP, INC.
121 W. TRADE STREET, STE. 2550
CHARLOTTE, NC 28202

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MEMBER
FAISON-TCC HOLDINGS, INC.
121 W. TRADE STREET, STE. 2550
CHARLOTTE, NC 28202

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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-02/08/01--01007--004

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*****50.00 ☒ Addition

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

☐ 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.

By: FAISON CAPITAL DEVELOPMENT, LLC

SIGNATURE: By: Nancy L. Farmer, Asst. Secretary, NANCY L. FARMER

1-26-01

704-972-2500

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

Date

Daytime Phone #

CR2E083 (11/00)