

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90001 026 ****50.00

DOCUMENT # M00000000867

1. Entity Name

FAISON-WINTER HAVEN, LLC

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

Zip

Country

Zip

Country

4. FEI Number

56-2184822

Applied For

Not Applicable

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **FAISON CAPITAL DEVELOPMENT, LLC**
 STREET ADDRESS **121 W. TRADE STREET, STE. 2550**
 CITY-ST-ZIP **CHARLOTTE NC 28202**

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

TITLE **MEM** ☐ Delete
 NAME **FAISON ICP, INC.**
 STREET ADDRESS **121 W. TRADE STREET, STE. 2550**
 CITY-ST-ZIP **CHARLOTTE NC 28202**

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

TITLE **MEM** ☐ Delete
 NAME **FAISON-TCC HOLDINGS, INC.**
 STREET ADDRESS **121 W. TRADE STREET, STE. 2550**
 CITY-ST-ZIP **CHARLOTTE NC 28202**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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.

By: **FAISON CAPITAL DEVELOPMENT, LLC**

SIGNATURE:

NANCY L. FARMER

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

1-14-2002

Date

704-972-2511

Daytime Phone #

CR2E083 (9/01)