

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000923

1. Entity Name  
WASHINGTON MUTUAL FINANCE, LLC

Principal Place of Business  
8900 GRAND OAK CIRCLE  
TAMPA FL 33637-1050

Mailing Address  
8900 GRAND OAK CIRCLE  
TAMPA FL 33637-1050

FILED

01 JUN 18 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

APPLIED FOR

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME WASHINGTON MUTUAL FINANCE CORPORATION  
STREET ADDRESS 8900 GRAND OAK CIRCLE  
CITY-ST-ZIP TAMPA FL 33637-1050

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700004437917--3  
-06/22/01--01084--023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD  
NAME HENRY F. SHIGLEY  
STREET ADDRESS 8900 GRAND OAK CIRCLE  
CITY-ST-ZIP TAMPA, FL 33637

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SVSD  
NAME JAMES R. GARNER  
STREET ADDRESS 8900 GRAND OAK CIRCLE  
CITY-ST-ZIP TAMPA, FL 33637

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SVD  
NAME GARDNER E. WHITING, III  
STREET ADDRESS 8900 GRAND OAK CIRCLE  
CITY-ST-ZIP TAMPA, FL 33637

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS  
NAME BEVERLY THURSTON  
STREET ADDRESS 8900 GRAND OAK CIRCLE  
CITY-ST-ZIP TAMPA, FL 33637

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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* BEVERLY THURSTON 4/21/01 (813)632-4500

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

Date

Daytime Phone #

CR2E083 (11/00)