

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028235 AF

DOCUMENT # M00000000924

1. Entity Name

WASHINGTON MUTUAL FINANCE OF FLORIDA, LLC

FILED

01 JUN 18 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8900 GRAND OAK CIRCLE  
TAMPA FL 33637-1050

Mailing Address

8900 GRAND OAK CIRCLE  
TAMPA FL 33637-1050

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

59-3637414

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

TITLE ☐ Change ☐ Addition  
NAME 300004437919--7  
STREET ADDRESS -06/22/01--01084--024  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME SVD  
STREET ADDRESS JAMES R. GARNER  
CITY-ST-ZIP 8900 GRAND OAK CIRCLE  
TAMPA, FL 33637

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 REQUIRED BEVERLY THURSTON

4/27/01

(813)632-4500

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

Date

Daytime Phone #

CR2E083 (11/00)