

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002290

1. Entity Name

COMMUNITIES FINANCE COMPANY, LLC

FILED

01 MAY 11 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

24301 WALDEN CENTER DR., STE. 300
BONITA SPRINGS FL 34134

24301 WALDEN CENTER DR., STE. 300
BONITA SPRINGS FL 34134

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

65-0715634

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASTINGS, VIVEN N

24301 WALDEN CENTER DR., STE. 300
BONITA SPRINGS FL 34134

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

100004211941
-05/11/01--01089--001
****800.00 *****50.

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

Member
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

Manager/President
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

Manager / Vice President
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

VS
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

V
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

STAS
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.

Vivien N. Hastings, Vice President

SIGNATURE:

[Signature]

4/9/01

(941) 947-2600

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

Date

Daytime Phone #

2001 Uniform Business Report
Communities Finance Company, LLC
Document No. M00000002290

10. V
Albert F. Moscato, Jr.
24301 Walden Center Drive
Bonita Springs, FL 34134

V
D. Roger Dyess
24301 Walden Center Drive
Bonita Springs, FL 34134

V
Paul Angelo
24301 Walden Center Drive
Bonita Springs, FL 34134

V
Tara-Lynn Brown
24301 Walden Center Drive
Bonita Springs, FL 34134

V
Mary Beth Ebenger
24301 Walden Center Drive
Bonita Springs, FL 34134