

2001 UNIFORM BUSINESS REPORT (UBR)

00303899 AB

DOCUMENT # **M95000000216**

1. Entity Name

MCKENZIE CHECK ADVANCE OF FLORIDA, L.C.

FILED

2001 APR 27 PM 3:05

DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**961 EAST MAIN STREET
SPARTANBURG SC 29302**

**961 EAST MAIN STREET
SPARTANBURG SC 29302**

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

62-1607852

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

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301**

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.

(NOT: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

**800004220838--1
-05/16/01--01118--016
*****50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☒ Delete
NAME **MCKENZIE, STEVE A**
STREET ADDRESS **650 25TH STREET, 5TH FLOOR**
CITY-ST-ZIP **CLEVELAND TN 37320**

TITLE **Governor (MGR)** ☐ Change ☒ Addition
NAME **George D. Johnson, Jr**
STREET ADDRESS **961 East Main Street**
CITY-ST-ZIP **Spartanburg, SC 29302**

TITLE **MGRM** ☒ Delete
NAME **MCKENZIE, BRENDA G**
STREET ADDRESS **650 25TH STREET, 5TH FLOOR**
CITY-ST-ZIP **CLEVELAND TN 37320**

TITLE **Governor/Chief Mgr/Pres. (MGR)** ☐ Change ☒ Addition
NAME **William M. Webster IV**
STREET ADDRESS **961 East Main Street**
CITY-ST-ZIP **Spartanburg, SC 29302**

TITLE **MGRM** ☒ Delete
NAME **SCOGGINS, J. EDWARD**
STREET ADDRESS **650 25TH STREET, 5TH FLOOR**
CITY-ST-ZIP **CLEVELAND TN 37320**

TITLE **Secretary (MGR)** ☐ Change ☒ Addition
NAME **Monica L. Allie**
STREET ADDRESS **961 East Main Street**
CITY-ST-ZIP **Spartanburg, SC 29302**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Member (MGRM)** ☐ Change ☒ Addition
NAME **Advance America, Cash Advance Centers, Inc**
STREET ADDRESS **961 East Main Street**
CITY-ST-ZIP **Spartanburg, SC 29302**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Monica L. Allie, Secretary 4-20-01 (864) 515-5600

Date

Daytime Phone #

CR2E083 (11/00)