

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000005

1. Entity Name  
BOAT DEALERS' ACCEPTANCE COMPANY, L.L.C.

Principal Place of Business  
650 CIT DRIVE  
LIVINGSTON NJ 07039

Mailing Address  
650 CIT DRIVE  
LIVINGSTON NJ 07039

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 35-2003992

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)

300004423369--1

-06/18/01--01005--001

City

\*\*\*\*\*50.00

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

BK  
F95000001745

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME MGRM NEWCOURT FINANCIAL USA INC. ☐ Delete  
STREET ADDRESS 2 GATEHALL DRIVE  
CITY-ST-ZIP PARSIPPANY NJ 07054

TITLE NAME member CIT Financial USA, INC. ☒ Change ☐ Addition  
STREET ADDRESS 650 CIT Drive  
CITY-ST-ZIP Livingston NJ 07039

TITLE NAME MGRM BDAC INVESTMENTS, INC. ☐ Delete  
STREET ADDRESS 2 GATEHALL DRIVE  
CITY-ST-ZIP PARSIPPANY NJ 07054

TITLE NAME member BDAC Investments, Inc. ☒ Change ☐ Addition  
STREET ADDRESS 650 CIT Drive  
CITY-ST-ZIP Livingston NJ 07039

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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

Robert Inaato / EVP-CIT Financial USA Inc

973-740-5000

FILED

01 MAY 17 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)