

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0012861
AF

DOCUMENT # **M97000000828**

1. Entity Name
FALCON LENDING, L.C.

00 APR 23 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2015 WEST MAIN STREET
STAMFORD CT 06902**

Mailing Address
**2015 WEST MAIN STREET
STAMFORD CT 06902-4536**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1484806

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

mm

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SCHWARTZ, VERNON B
2015 WEST MAIN STREET
STAMFORD CT 06902** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**mgr.
David A. Karp.
2015 West Main St.
Stamford, CT 06902** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HUNT, JAMES K
1 SUNAMERICA CENTER, 38TH FLOOR
LOS ANGELES CA 90067** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**mgr.
Peter. Aberg
85 Broad Street
New York, NY. 10004** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LAPHAM, JOHN G III
1 SUNAMERICA CENTER, 38TH FLOOR
LOS ANGELES CA 90067** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**800003245748--5
-05/09/00-01126-007
*****50.00 *****50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MAUCHIN, STEVEN T
85 BROAD STREET
NEW YORK NY 10004** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**800003245748--5
-05/09/00-01126-007
*****50.00 *****50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CHRISTIE, ROBERT J
85 BROAD STREET
NEW YORK NY 10004** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**800003245748--5
-05/09/00-01126-007
*****50.00 *****50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CHRISTIE, ROBERT J
85 BROAD STREET
NEW YORK NY 10004** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**800003245748--5
-05/09/00-01126-007
*****50.00 *****50.00** ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4/20/00 (203) 967-6000

CR2E083 (9/99)