

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M980000000061

1. Entity Name

BANC OF AMERICA SECURITIES LLC

Principal Place of Business

Mailing Address

101 NORTH TRYON ST  
NC1-007-20-01  
CHARLOTTE NC 28255

401 N TRYON ST  
NC1-021-03-09  
CHARLOTTE NC 28255

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

56-2058405

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	100003205111
STREET ADDRESS	04/12/00-01011-020
CITY-ST-ZIP	*****50.00 *****50.00
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10.

ADDITIONS/CHANGES

TITLE	MANAGER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD J BROWN III	
STREET ADDRESS	100 NORTH TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	MANAGER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS W BUNN	
STREET ADDRESS	100 NORTH TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	MANAGER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS W COLEMAN	
STREET ADDRESS	600 MONTGOMERY ST	
CITY-ST-ZIP	SAN FRANCISCO	
TITLE	MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT GRIFFIN	
STREET ADDRESS	401 N TRYON ST NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN K SKEEN	
STREET ADDRESS	401 N TRYON ST NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT T SLAYMAKER	
STREET ADDRESS	401 N TRYON ST NC1-021-03-09	
CITY-ST-ZIP	CHARLOTTE NC 28255	

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

DUANE L SMITH

Date

3/22/00

Daytime Phone #

704-386-5591

CR2E083 (11/99)