

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 18 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000061

1. Entity Name: RECEIVED
BANC OF AMERICA SECURITIES LLC
2000 MAR 24 PM 12:14
COMPTROLLER'S OFFICE
CASHIER'S OFFICE

Principal Place of Business: 100 N. Tryon Street
Charlotte, NC 28255

Mailing Address: 800 Montgomery Street
San Francisco, CA 94111

2. Principal Place of Business:

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address:

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number: 56-2058405

5. Certificate of Status Desired: ☐ **\$5.00 Additional Fee Required**

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent:

CIT Corporation System
1200 S. Pine Island Road
Plantation, Florida 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: N/A
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	Manager	<input type="checkbox"/> Delete
NAME	Lewis Coleman - MGRM	
STREET ADDRESS	600 Montgomery Street	
CITY-ST-ZIP	San Francisco, CA 94111	
TITLE	Manager	<input type="checkbox"/> Delete
NAME	Robert Slaymaker - MGRM	
STREET ADDRESS	600 Montgomery Street	
CITY-ST-ZIP	San Francisco, CA 94111	
TITLE	Manager	<input type="checkbox"/> Delete
NAME	Edward Brown - MGRM	
STREET ADDRESS	555 California Street	
CITY-ST-ZIP	San Francisco, CA 94104	
TITLE	Manager	<input type="checkbox"/> Delete
NAME	Thomas Bunn - MGRM	
STREET ADDRESS	100 N. Tryon Street	
CITY-ST-ZIP	Charlotte, NC 28255	
TITLE	Manager	<input type="checkbox"/> Delete
NAME	Richard Gross - MGRM	
STREET ADDRESS	100 N. Tryon Street	
CITY-ST-ZIP	Charlotte, NC 28255	
TITLE	Manager	<input type="checkbox"/> Delete
NAME	William Hodges - MGRM	
STREET ADDRESS	100 N. Tryon Street	
CITY-ST-ZIP	Charlotte, NC 28255	

10. ADDITIONS / CHANGES

TITLE	500003285	<input type="checkbox"/> Addition
NAME	-06/12/00-01113-014	
STREET ADDRESS	*****50.00	
CITY-ST-ZIP	*****50.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

3-23-00

Date

46-913-3301

Daytime Phone #

CR2E083 (11/99)