

2000 UNIFORM BUSINESS REPORT (UBR)

0013012 N

DOCUMENT # M98000000469

1. Entity Name
SOUTHSTAR FUNDING, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:33

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DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O NORTHERN STAR FUNDING LLC
1 PARAGON DR., SUITE 255
MONTVALE NJ 07645

Mailing Address
C/O NORTHERN STAR FUNDING LLC
1 PARAGON DR., SUITE 255
MONTVALE NJ 07645-1750

2. Principal Place of Business
400 Northridge Rd
Suite, Apt. #, etc.
SUITE 1120
City & State
ATLANTA, GA
Zip
30350
Country
FULTON

3. Mailing Address
SAME AS #2
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 22-3587118
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORE, NATHANIEL S % 1 PARAGON DR., SUITE 255 MONTVALE NJ 07645	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVINE, MARTIN J % 1 PARAGON DR., SUITE 255 MONTVALE NJ 07645	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRK K. SMITH 400 Northridge Rd, Suite 1120 ATLANTA, GA 30350	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIAN P. SMITH 400 Northridge Rd, Suite 1120 ATLANTA GA 30350	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAROL DOUPART 400 Northridge Rd, Suite 1120 ATLANTA, GA 30350	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 11 RAVEN RD VILLA RICA, GA 30180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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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: *Handwritten signature* DATE: 3-08-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #