

AMENDED
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001106

1. Entity Name

Harvest One Funding LLC

FILED

00 MAR 12 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

8653 Baypine Road
Bldg 8, Suite 100
Jacksonville, FL 32256

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3534992

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Michael F Horn Sr
8653 Baypine Road Bldg 8 Suite 100
Jacksonville FL 32256

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
Manager/Member
Michael F Horn Sr
8653 Baypine Rd, Bldg 8, Suite 100
Jacksonville FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager/Member
Jonathan I Kislak of JI Kislak, Inc
7900 Miami Lakes Drive West
Miami Lakes, FL 33016 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager/Member
John C Pearce
8653 Baypine Rd, Bldg 8, Suite 100
Jacksonville, FL 32256 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager/Member
Robert V Burton of First Union Private Capital
301 South College Street
Charlotte, NC 28288-0732 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager/Member
John T McManamon
8653 Baypine Rd, Bldg 8, Suite 100
Jacksonville, FL 32256 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600003218706--7
-04/24/00-01828-023
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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: X

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

Date

Daytime Phone #

3/20/00 800-327-6153

CR2E083 (11/99)