

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001340

1. Entity Name

SECURITY LENDING WHOLESALE L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 31 AM 8:12

Principal Place of Business

4001 SO. 700 E., SUITE 120
SALT LAKE CITY UT 84107

Mailing Address

57 WEST 9000 SO.
SANDY UT 84070-2008

2. Principal Place of Business

57 WEST 9000 So.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sandy, Utah

City & State

Zip

Country

Zip

Country

4. FEI Number

87-0575764

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

FLORIDA COMPLIANCE SPECIALIST, INC.
1331 E. LAFAYETTE STREET, STE. F
TALLAHASSEE FL 32301

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 NAME MGRM
STREET ADDRESS BRIMLEY, DAVID J
CITY- ST- ZIP 4001 SO. 700 E., SUITE 120
SALT LAKE CITY UT 84107

TITLE NAME MGR
STREET ADDRESS BREEN, SCOTT
CITY- ST- ZIP 4001 SO. 700 E., SUITE 120
SALT LAKE CITY UT 84107

TITLE NAME MGR
STREET ADDRESS BRIMLEY, RICHARD
CITY- ST- ZIP 4001 SO. 700 E., SUITE 120
SALT LAKE CITY UT 84107

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS 57 WEST 9000 South
CITY- ST- ZIP Sandy, Ut 84070

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TITLE 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

01-26-2000 568-9300