

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000730

1. Entity Name

FIRST AMERICAN CASH ADVANCE OF FLORIDA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 10 AM 9:25

Principal Place of Business

750 BROAD STREET, N.W., SUITE 220
CLEVELAND TN 37311

Mailing Address

750 BROAD STREET, N.W., SUITE 220
CLEVELAND TN 37311-2285

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

NOT APPLICABLE

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

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 KUGLER, LARRY A ☒ Delete
STREET ADDRESS 750 BROAD STREET, N.W., SUITE 220
CITY-ST-ZIP CLEVELAND TN 37311

TITLE NAME MGRM KUGLER, JOHN A ☒ Delete
STREET ADDRESS 750 BROAD STREET, N.W., SUITE 220
CITY-ST-ZIP CLEVELAND TN 37311

TITLE NAME MGRM TACKER, JOHN J ☒ Delete
STREET ADDRESS 750 BROAD STREET, N.W., SUITE 220
CITY-ST-ZIP CLEVELAND TN 37311

TITLE NAME MGRM ☐ Delete
First American Holding, LLC
STREET ADDRESS 750 Broad Street NW, Suite 220
CITY-ST-ZIP Cleveland, TN, 37311

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600003326986-5
CITY-ST-ZIP -07/18/00-01085-023
*****50.00 *****50.00

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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

7/7/00 423-479-1057

Date

Daytime Phone #

CR2E083 (9/99)