

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0002615

DOCUMENT # M99000002027

1. Entity Name

BNY MORTGAGE COMPANY LLC



FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

440 MAMARONECK AVENUE, 2ND FLOOR
HARRISON NY 10528

Mailing Address

8100 NATIONS WAY
JACKSONVILLE FL 32256

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 13-4027351

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MCENERNEY, PATRICK J
STREET ADDRESS 8100 NATIONS WAY
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE MGRM ☐ Delete
NAME CLEMENTS, ROBERT M
STREET ADDRESS 8100 NATIONS WAY
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE MGRM ☐ Delete
NAME MEEKS, GARY
STREET ADDRESS 8100 NATIONS WAY
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE MGRM ☐ Delete
NAME MUELLER, ROBERT J
STREET ADDRESS ONE WALL STREET
CITY-ST-ZIP NEW YORK NY 10286

TITLE MGRM ☐ Delete
NAME PETRULA, STEPHEN G
STREET ADDRESS ONE WALL STREET
CITY-ST-ZIP NEW YORK NY 10286

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Treasurer ☐ Change - ☒ Addition
NAME W. Blake Wilson
STREET ADDRESS 8100 Nations Way
CITY-ST-ZIP Jacksonville, FL 32256

TITLE Member ☐ Change ☒ Addition
NAME Larry Grech
STREET ADDRESS One Wall Street
CITY-ST-ZIP New York, NY 10286

TITLE ☐ Change ☐ Addition
NAME 300017824213
STREET ADDRESS 05/01/03--01051--002 **150.00
CITY-ST-ZIP

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

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

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

SIGNATURE:

SIGNATURE REQUIRED

4/28/03

904-281-6237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)