2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000002068

1. Entity Name

CSY (FL) FUNDING LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 10 AM 11:02

Principal Place of Business	*Mailing Address*
101 E. KENNEDY BLVD.. SUITE 2160 TAMPA FL 33602	101 E. KENNEDY BLVD.. SUITE 2160 TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

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 APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~GRAY, D. LOCKWOOD~~ Olin G. Shivers
C/O ANNIS, MITCHELL, COCKEY, EDWARDS &
201 N. FRANKLIN STREET, SUITE 2200
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: Olin G. Shivers
Street Address (P.O. Box Number is Not Acceptable): c/o Annis, Mitchell, Cockey, Edwards & Pa
201 N. Franklin St., Ste 2200
City: Tampa FL Zip Code: 33602

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: O. D. Shivers — 10/9/00
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 / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager ☐ Delete C. Steven Yerrid 101 E. Kennedy Blvd., Ste. 2160 Tampa, Florida 33602	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400003428124--2 -10/18/00--01017--010 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager ☐ Delete James T. Zambito 3900 N. Florida Avenue Tampa, Florida 33602	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager ☐ Delete Mark A. Ferrucci 1209 Orange Street Wilmington, Delaware 19801	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager ☐ Delete Peter T. Kirkwood 601 Bayshore Blvd., Ste. 700 Tampa, Florida 33606	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager ☐ Delete Ronald J. Russo 501 E. Kennedy Blvd., Ste. 700 Tampa, Florida 33602	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: SIGNATURE REQUIRED — C. Steven Yerrid, Manager — 9/15/00 — 813-222-8222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #