

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000002076

1. Entity Name

NCH (FL) FUNDING LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -1 PM 4:31

Principal Place of Business

Mailing Address

525 N. Harbor City Blvd.
Melbourne FL 32935

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

D. LOCKWOOD GRAY
201 N. FRANKLIN ST. STE 2300
TAMPA, FL 33602

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 \$60.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MANAGER	JAMES H. NANCE	525 N. Harbor City Blvd.	MELBOURNE FL 32935	<input type="checkbox"/> MGRM
MEMBER	SAMMY CACCIATORE	525 N. Harbor City Blvd.	MELBOURNE FL 32935	<input type="checkbox"/> MBL
MEMBER	JOHN N. HAMILTON	525 N. Harbor City Blvd.	MELBOURNE FL 32935	<input type="checkbox"/> MBL
MEMBER	CHARLES G. BARGER JR	525 N. Harbor City Blvd.	MELBOURNE FL 32935	<input type="checkbox"/> MBL
MEMBER	JAMES N. NANCE	525 N. Harbor City Blvd.	MELBOURNE FL 32935	<input type="checkbox"/> MBL
MEMBER	MARK FERRUCCI	1209 ORANGE ST.	WILMINGTON, DE 19801	<input type="checkbox"/> MBL

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

9-20-00

321.284-89