

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000043019

1. Entity Name

R & L FUNDING, INC.

Principal Place of Business

431 WEST OAK STREET  
KISSIMMEE FL 34741

Mailing Address

514 GOLF PARK DR  
CELEBRATION FL 34747  
US

2. Principal Place of Business

514 Golf Park Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Celebration, FL

City & State

Zip

34747

Country

USA

Zip

Country

4. FEI Number

59-3358060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LETSON, WILLIAM  
431 WEST OAK STREET  
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

HARALD HENNINGSEN

Street Address (P.O. Box Number is Not Acceptable)

514 Golf Park Drive

City

Celebration

FL

Zip Code

34747

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]* HARALD S. HENNINGSEN TREASURER

4/22/01  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	RALSTON, STEPHEN M	
STREET ADDRESS	1660 GRANDVIEW BLVD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LETSON, WILLIAM	
STREET ADDRESS	431 WEST OAK STREET	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HENNINGSEN, HARALD J	
STREET ADDRESS	604 OAK COMMONS BLVD.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* HARALD HENNINGSEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
TREASURER

4/22/01  
Date

407-846-6004  
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)