

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

0630706

DOCUMENT # P95000063819

1. Entity Name

TLC FUNDING, A VIATICAL SETTLEMENT COMPANY, INC.

05-18-2001 91243 028 ***150.00

Principal Place of Business

Mailing Address

**9009 BALMORAL MEWS SQUARE
WINDERMERE FL 34786**

**9009 BALMORAL MEWS SQUARE
WINDERMERE FL 34786**

2. Principal Place of Business

3. Mailing Address

960 Summer Lakes Dr

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

4. FEI Number **59-3333446**

Applied For

Not Applicable

Zip

Country

Zip

Country

32835

Orange

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OTTS, ELIZABETH D
9009 BALMORAL MEWS SQUARE
WINDERMERE FL 34786**

Name

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

960 Summer Lakes Dr

City

Orlando

FL

Zip Code

32835

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

Elizabeth D Otts

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-7-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☐ Delete
NAME **OTTS, ELIZABETH D**
STREET ADDRESS **9009 BALMORAL MEWS SQUARE**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☒ Change ☐ Addition
NAME **960 Summer Lakes Dr**
STREET ADDRESS **Orlando, FL 32835**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Elizabeth D Otts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-01 (407) 522-7083

Date

Daytime Phone #

CR2E034 (10/00)