2001 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A97000002019

1. Entity Name

RANDOLPH ENTERPRISES OF TENNESSEE, LTD.

FILED
May 18, 2001 8:00 A.M
Secretary of State

Principal Place of Business	Mailing Address
1015 BLUEWATER DRIVE SUN CITY CTR FL 33573	1015 BLUEWATER DRIVE SUN CITY CTR FL 33573-6249

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3478912 — Applied For / Not Applicable

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
RANDOLPH, WINSTON D 1015 BLUEWATER DRIVE SUN CITY CTR FL 33573	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **$544,020.00**

10. Amount of Capital Contributions in FLORIDA to date.

MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000075879	STREET ADDRESS	
NAME	RANDOLPH ENTERPRISES, INC.		
STREET ADDRESS	1015 BLUEWATER DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	SUN CITY CTR FL 33573		700004418757--6
DOCUMENT #		STREET ADDRESS	-06/14/01--01004--019
NAME			****526.25 ****526.25
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CITY-ST-ZIP			

4. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Winston D Randolph WINSTON D RANDOLPH 4/23/01 (813)634-9270
SIGNATURE REGISTERED AGENT