

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90136 040 \*\*\*\*50.00

DOCUMENT # L99000005252

1. Entity Name

TBS-RANGELINE, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

101 SPANISH MOSS ROAD

3. Mailing Address

101 SPANISH MOSS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAVENPORT, FL

City & State

DAVENPORT, FL

4. FEI Number

59-3594562

Applied For

Not Applicable

Zip

33837

Country

USA

Zip

33837

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

HENDERSON, J. SCOTT

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

112 SOUTH LAKE AVENUE

City

ORLANDO

FL

Zip Code  
32801

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR J.L. LAND DEVELOPMENT, INC. 101 SPANISH MOSS ROAD DAVENPORT, FL 33837	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TBS DEVELOPMENT, INC. 112 SOUTH LAKE AVENUE ORLANDO, FL 32801	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Mark Scott, VP, J.L. Land Dev.

Date

4/18/02

863-424-6000

Daytime Phone #