

2000 UNIFORM BUSINESS REPORT (UBR)

L00000000027

DOCUMENT #

1. Entity Name

TANNER ROAD MANAGEMENT, L.L.C.

APPROVED
AND
FILED

00 MAY -2 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1031 W. Morse Blvd.
Suite 325
Winter Park, FL 32789

Mailing Address

1031 W. Morse Blvd.
Suite 325
Winter Park, FL 3789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3618660

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Allan E. Keen
1031 W. Morse Boulevard
Suite 325
Winter Park, FL 32789

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)

ALLAN E. KEEN

4/5/00

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9.

MANAGING MEMBERS/MEMBERS

TITLE
NAME

Managing Member
Allan E. Keen ☐ Delete
1031 W. Morse Blvd., Suite 325
Winter Park, FL 32789

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

10.

ADDITIONS/CHANGES

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 OR MANAGER

ALLAN E. KEEN

Date

Daytime Phone #

4/5/00 (407)
645-4400

CR2E083 (1/1/99)