

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L000000000698**

1. Entity Name  
**United Outdoor Media, LLC**  
**1505 Commerce Blvd P.O. Box 3566**

**FILED**

**01 OCT -8 PM 12:17**

Principal Place of Business

Mailing Address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

**1505 Commerce Blvd**

**P.O. Box 3566**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Lake City, FL**

City & State

**Lake City, FL**

4. FEI Number

**59-3615084**

Applied For

Not Applicable

Zip

**32056**

Country

**U.S.A.**

Zip

**32056**

Country

**U.S.A.**

5. Certificate of Status Desired

☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Charlie Sparks**  
**Route 9 Box 972**  
**Lake City, FL 32024**

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)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

**300004629499--8**

**10/10/01--01035--008**

**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Scott Stewart - MBR** ☐ Delete  
**P.O. Box 1008**  
**Lake City, FL 32056**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Charlie Sparks - MBR** ☐ Delete  
**P.O. Box 3566**  
**Lake City, FL 32056**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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

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

**9/18/01**

**386-755-9828**

Close

Daytime Phone #

CR2E083 (11/00)