

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92178 036 *****55.00

0034458

DOCUMENT # L00000001563

1. Entity Name

WARM SPRINGS BITHLO, LLC



Principal Place of Business

**4890 W. KENNEDY BLVD., STE. 850
TAMPA FL 33609-1863**

Mailing Address

**4890 W. KENNEDY BLVD., STE. 850
TAMPA FL 33609-1863**

2. Principal Place of Business

**4890 West Kennedy Blvd.
Suite 920
Tampa, FL 33609-1863**

3. Mailing Address

**4890 West Kennedy Blvd.
Suite 920
Tampa, FL 33609-1863**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3477855**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**WEST, DALE A
4890 W. KENNEDY BLVD., STE. 850
TAMPA FL 33609-1863**

7. Name and Address of New Registered Agent

Name **F&L CORP.**
Street Address **THE GREENLEAF BUILDING
200 LAURA STREET, 3RD FLOOR
JACKSONVILLE, FL 32202-3510**
City **FL** Zip Code

8. The above named entity submits this statement for F&L Corp
the obligations of registered agent.

By: R.J. Wolfe, V.P. 4/28/03

office or registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE *RJ Wolfe*
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **WARM SPRINGS INVESTMENTS, LTD**
STREET ADDRESS **4890 W KENNEDY BLVD #850**
CITY-ST-ZIP **TAMPA FL 33609-1863**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **RICHLAND TOWERS-BROADCAST, INC.**
STREET ADDRESS **4890 W. KENNEDY BLVD. STE. 920**
CITY-ST-ZIP **TAMPA, FL 33609-1863**

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *DALE A WEST* **4-25-03** **(813) 286-4140**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)