

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90009 014 \*\*\*\*50.00

**DOCUMENT # L00000003490**

1. Entity Name

**TBG HOLDINGS LLC**

Principal Place of Business

**405 ORANGE ST.  
 OZONA FL 34660**

Mailing Address

**P.O. BOX 69  
 OZONA FL 34660**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3626640**

Applied For

Not Applicable

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

**BENNETT HOWARD, JILL  
 405 ORANGE ST.  
 OZONA FL 34660**

Name

**John J. Bennett**

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

**343 Bayshore Dr**

City

**Palm Harbor**

FL

Zip Code

**34683**

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

*John J. Bennett*  
 Signature, typed or printed name of registered agent and title if applicable

**John J. Bennett**

(NOTE: Registered Agent signature required when reinstating)

**4/16/02**

DATE

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

**Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete  
 NAME **HOWARD, JILL B**  
 STREET ADDRESS **P.O. BOX 69**  
 CITY-ST-ZIP **OZONA FL 34660**

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

TITLE **MGRM** ☐ Delete  
 NAME **BENNETT, JOHN J**  
 STREET ADDRESS **2020 SHANGRILA DR., #207**  
 CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **MGRM** ☒ Change ☐ Addition  
 NAME **John J. Bennett**  
 STREET ADDRESS **343 Bayshore Dr**  
 CITY-ST-ZIP **Palm Harbor FL 34683**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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)(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.

**John J. Bennett**

SIGNATURE: ☒

SIGNATURE REQUIRED

*John J. Bennett*

**4/16/02 727-787-8961**

SIGNATURE/AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)