

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007497

1. Entity Name

BIG BEND TOWERS I, LLC

Principal Place of Business

2808 REMINGTON GREEN CIRCLE NORTH  
SUITE 200  
TALLAHASSEE FL 32308

Mailing Address

P.O. BOX 13466  
TALLAHASSEE FL 32312

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

59-3655486

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

BRENNEIS, JOHN E  
227 SOUTH CALHOUN STREET  
TALLAHASSEE FL 32301

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 NUMBER~~ ~~WHICH FEE IS \$50.00~~  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
Members  
Ausley Harrell Group, Inc.  
2808 Remington Green Cir. N., Ste. 200  
Tallahassee, FL 32308

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
Member  
Patrick D'Connell  
6031 Ashland Drive  
Nashville, FL 37215

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
500004274435-4  
-05/21/01-01155-004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Delete  
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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.

SIGNATURE:

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

Date

Daytime Phone #

CR2E083 (11/00)

0003648 AF

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE