

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014970

1. Entity Name

BIG JIM OF TAMPA, LLC

Principal Place of Business

Mailing Address

4

2. Principal Place of Business

3. Mailing Address

4502 South Dale Mabry Hwy

2309 N. Dale Mabry Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, Florida

Tampa, Florida

Zip

Country

Zip

Country

33611-1414

USA

33607-2548

USA

4. FEI Number

59-3684746

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Randolph J. Wolfe

201 N. Franklin Street, Suite 2200

Tampa, FL 33602

Name

Randolph J. Wolfe

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

100 North Tampa Street

Suite 2700

City

Tampa

FL

Zip Code

33602

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

Randolph J. Wolfe

Randolph J. Wolfe Registered Agent

4/22/01

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

100004221041--8

-05/16/01--01126--010

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member P/S/T  
James E. Cathey  
2309 N. Dale Mabry Hwy  
Tampa, FL 33607

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

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

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

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

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.

SIGNATURE:

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

Date

Daytime Phone #

4/22/01

(813) 873-0014

CR2E083 (11/00)