

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015061

1. Entity Name

FLORIDA TOWER HOLDINGS, L.L.C.

Principal Place of Business

109 N. BRUSH ST
SUITE 450
TAMPA, FL
33602

Mailing Address

P.O. BOX 422
TAMPA, FL
33601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

US

Zip

Country

4. FEI Number

59-3688160

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

2001 JUN -7 AM 10:55

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

CLARKE G. HOBBS, ESQUIRE
HOBBS, GRAY & REEVES
109 NORTH BRUSH ST.
SUITE 440
TAMPA, FL 33602

7. Name and Address of New Registered Agent

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, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
RUSSELL P. MATHENIS
P.O. BOX 422
TAMPA, FL 33601

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 #

Managing Member

4-11-01 (813) 221-2120