

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015425

1. Entity Name
TST LAKELAND MANAGEMENT, LLC

Principal Place of Business **Mailing Address**

2. Principal Place of Business
800 Shades Creek Parkway
Suite, Apt. #, etc.
Suite 585
City & State
Birmingham, AL

3. Mailing Address
800 Shades Creek Parkway
Suite, Apt. #, etc.
Suite 585
City & State
Birmingham, AL

Zip **Country** **Zip** **Country**
35209 USA 35209 USA

FILED
01 APR 19 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
63-1263237 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CT Corporation Systems
1200 South Pine Island Road
Plantation, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. member MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rance M. Sanders 800 shades Creek Parkway, Suite 585 Birmingham, AL 35209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700004083947-7 -04/27/01--01026--010 *****55.00 *****55.00 <input type="checkbox"/> Change <input type="checkbox"/> 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:  **3/5/01** **205/871-2585**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)