

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90265 029 \*\*\*\*50.00

**DOCUMENT # L01000009016**

1. Entity Name  
**MTC SOUTH LLC**

Principal Place of Business

**115 COMMERCE DRIVE  
MADISON FL 32341  
US**

Mailing Address

**2111 OLIVIA DRIVE  
TALLAHASSEE FL 32308  
US**

**967021**

2. Principal Place of Business

3. Mailing Address

**736 SW Harvey Greene Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Madison, FL**

City & State

**Madison, FL**

Zip

**32341**

Country

**USA**

Zip

**32308**

Country

**USA**

4. FEI Number

**59-3723882**

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

**PURVIS, JAMES W III  
115 COMMERCE DRIVE  
MADISON FL 32341**

Name

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

**736 SW Harvey Greene Dr.**

City

**Madison**

FL

Zip Code

**32341**

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 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 **President** ☐ Delete  
NAME **James W. Purvis III**  
STREET ADDRESS **2111 OLIVIA Dr.**  
CITY-ST-ZIP **Tall, FL 32308**

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

TITLE **V-Pres** ☐ Delete  
NAME **James W. Purvis II**  
STREET ADDRESS **2111 OLIVIA Dr.**  
CITY-ST-ZIP **Tallahassee, FL 32308**

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

TITLE **Sec.** ☐ Delete  
NAME **Helen R. Purvis**  
STREET ADDRESS **2111 OLIVIA Dr.**  
CITY-ST-ZIP **Tallahassee, FL 32308**

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

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

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

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STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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]**

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

**5/1/02 8508786891**

Date

Daytime Phone #

CR2E083 (9/01)