

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90008 007 \*\*\*\*50.00

**DOCUMENT # L02000008398**

1. Entity Name

**TRI-COUNTY MINING, L.L.C.**



Principal Place of Business

**2375 NORTH TAMiami TRAIL SUITE 206  
NAPLES FL 34103**

Mailing Address

**2375 NORTH TAMiami TRAIL SUITE 206  
NAPLES FL 34103**

2. Principal Place of Business

**7350 SR 82**

Suite, Apt. #, etc.

3. Mailing Address

**2640 White Blvd.**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**FEIDA, Florida**

City & State

**NAPLES, Florida**

4. FEI Number

**73-1628131**

Applied For

Not Applicable

Zip

**33920**

Country

**USA**

Zip

**34117**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MCDANIEL, WILLIAM L JR  
2375 NORTH TAMiami TRAIL SUITE 206  
NAPLES FL 34103**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MGRM</b>
STREET ADDRESS	<b>Tony D. Bowman</b>
CITY-ST-ZIP	<b>2640 White Blvd NAPLES, FL 34117</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MGRM</b>
STREET ADDRESS	<b>Todd H. Lantis</b>
CITY-ST-ZIP	<b>960 22nd AVE NE. NAPLES, FL 34120</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MGRM</b>
STREET ADDRESS	<b>Howard S. Kellam</b>
CITY-ST-ZIP	<b>2640 White Blvd. NAPLES, FL 34117</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MGRM</b>
STREET ADDRESS	<b>OTW, LLC</b>
CITY-ST-ZIP	<b>7000 Big Island Ranch Road NAPLES, FL 34120</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

**Signature: Howard S. Kellam** **2-14-03** **(239) 352-4804**

CR2E083 (10/02)