

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001171

1. Entity Name

FOXCRAFT TAMPA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -9 AM 10: 02

Principal Place of Business

5911 MARTIN LUTHER KING BLVD.
TAMPA FL 33612

Mailing Address

C/O ROBERT FOLLOWELL
3555 MOLTAN DRIVE
MEMPHIS TN 38125-4442

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

7125 River Bend Road

Suite, Apt. #, etc.

City & State

Memphis, TN

Zip
38125

Country

4. FEI Number

59-3385932

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

GURLEY, BETTY J

5911 MARTIN LUTHER KING BLVD.
TAMPA FL 33612

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 if 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/MANAGERS

TITLE NAME MGRM ☐ Delete
FOLLOWELL, ROBERT
STREET ADDRESS 3555 MOLTAN DRIVE
CITY-ST-ZIP MEMPHIS TN 38125-4442

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☒ Change ☐ Addition
FOLLOWELL, Robert
STREET ADDRESS 7125 River Bend Road
CITY-ST-ZIP Memphis, TN 38125

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003359284--7
CITY-ST-ZIP -08/16/00--01048--004
*****50.00 *****50.00
☐ Change ☐ Addition

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

8/1/00

901-755-5666

CR2E083 (5/00)