

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L97000000809**

1. Entity Name

TRIAD PROPERTIES HOLDINGS - FLORIDA, L.L.C.

Principal Place of Business

AMSOUTH CENTER SUITE 1001 702
200 CLINTON AVENUE WEST
HUNTSVILLE AL 35801

Mailing Address

AMSOUTH CENTER SUITE 1001 702
200 CLINTON AVENUE WEST
HUNTSVILLE AL 35801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Ste. 702

Suite, Apt. #, etc.

Ste. 702

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

72-1390318

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

BEYER, DAVID A

101 EAST KENNEDY BLVD SUITE 2000

TAMPA FL 33602

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

9000004336619--5
-05/31/01--01087--007
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **STROUD, WILLIAM R**
 STREET ADDRESS **AMSOUTH CENTER STE 1001 200 CLINTON AVE W**
 CITY-ST-ZIP **HUNTSVILLE AL 35801**

TITLE ☒ Change ☐ Addition
 NAME **Ste. 702**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
 NAME **SHANNON, GARRY E**
 STREET ADDRESS **AMSOUTH CENTER STE 1001 200 CLINTON AVE W**
 CITY-ST-ZIP **HUNTSVILLE AL 35801**

TITLE ☒ Change ☐ Addition
 NAME **Ste. 702**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **42**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

4/30/01

256-551-1000

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

Date

Daytime Phone #