

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000145

1. Entity Name

TST TAMPA BAY MANAGEMENT, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 12:52

Principal Place of Business

800 SHADES CREEK PARKWAY, SUITE 585
BIRMINGHAM AL 35209

Mailing Address

800 SHADES CREEK PARKWAY, SUITE 585
BIRMINGHAM AL 35209-4562

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-1194602

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

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS SANDERS, RANCE M
CITY- ST- ZIP 800 SHADES CREEK PARKWAY, SUITE 585
BIRMINGHAM AL 35209

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
300003140889--2
-02/21/00--01024--017
*****55.00 *****55.00

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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

2-1-00

Date

205.871.2885

Daytime Phone #

CR2E083 (9/99)