

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017086 AF

DOCUMENT # L98000002786

1. Entity Name  
TAL HOLDINGS, L.L.C.

FILED

01 FEB 22 AM 7:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O MATTHEW J. FOSTER  
100 N. TAMPA STREET, SUITE 2700  
TAMPA FL 33602

Mailing Address

C/O MATTHEW J. FOSTER  
100 N. TAMPA STREET, SUITE 2700  
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3543510

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FOSTER, MATTHEW J  
100 N. TAMPA STREET, SUITE 2700  
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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR  
LEE, JAMES W  
STREET ADDRESS 3502 HOLLOW OAK PLACE  
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
300003782923--8  
-02/27/01--01089--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/19/01 (813)689-2548

CR2E083 (11/00)