

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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AF

DOCUMENT # **L99000001080**

1. Entity Name  
**TC FLORIDA TOWERS II, L.L.C.**

00 APR 17 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**ONE INDEPENDENT DRIVE, SUITE 1600  
JACKSONVILLE FL 32202-5009**

Mailing Address  
**ONE INDEPENDENT DRIVE, SUITE 1600  
JACKSONVILLE FL 32202-5009**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**MNM**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3560240**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BOONE, DAVID S  
ONE INDEPENDENT DRIVE, SUITE 1600  
JACKSONVILLE FL 32202-5009**

7. Name and Address of New Registered Agent  
Name  
**Shields, David R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1 Independent Drive**  
Suite 1600  
City  
**Jacksonville** **FL** Zip Code  
**32202**

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 **David R. Shields** April 4, 2000  
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

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>MGR TOWERCOM HOLDINGS, LLC ONE INDEPENDENT DRIVE, SUITE 1600 JACKSONVILLE FL 32202</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>Manager TowerCom Management, L.L.C. 1 Independent Drive, Suite 1600 Jacksonville, Florida 32202</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**-04/28/00--01131--021**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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: **David R. Shields, V-Pres** 4/4/00 (904) 634-8808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)