

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002250

1. Entity Name

TOWERCOM MANAGEMENT, L.L.C.

APPROVED
AND
FILED

00 APR 17 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1 INDEPENDENT DRIVE, SUITE 1600
JACKSONVILLE FL 32202

Mailing Address

1 INDEPENDENT DRIVE, SUITE 1600
JACKSONVILLE FL 32202-5009

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

59-3571647

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

1 INDEPENDENT DRIVE, SUITE 1600
JACKSONVILLE FL 32202

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

MGRM
SUNCOAST CAPITAL CORPORATION
ONE INDEPENDENT DRIVE, SUITE 1600
JACKSONVILLE FL 32202

☒ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Managing Member
TowerCom Enterprises, L.L.C.
1 Independent Drive, Suite 1600
Jacksonville, Florida 32202

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)