

2001 UNIFORM BUSINESS REPORT (UBR)

0002430 AF

DOCUMENT # L99000002250

1. Entity Name
TOWERCOM MANAGEMENT, L.L.C.

FILED

01 APR 23 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1 INDEPENDENT DRIVE, SUITE 1600
JACKSONVILLE FL 32202

Mailing Address
1 INDEPENDENT DRIVE, SUITE 1600
JACKSONVILLE FL 32202



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

DO NOT WRITE IN THIS SPACE.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIELDS, DAVID R
1 INDEPENDENT DRIVE, SUITE 1600
JACKSONVILLE FL 32202

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
MGRM
TOWERCOM ENTERPRISES, L.L.C.
STREET ADDRESS
ONE INDEPENDENT DRIVE, SUITE 1600
CITY-ST-ZIP
JACKSONVILLE FL 32202 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
100004137171--6
-05/04/01--01096--008
****50.00 ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
P. W. Redford Loretta II
1 Independent Dr. Ste 1600
Jacksonville FL 32202-5009 ☐ Change ☒ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
Carrie L. Kirk
1 Independent Dr. Ste 1600
Jacksonville FL 32202-5009 ☐ Change ☒ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
Shields, David R.
1 Independent Dr. Ste 1600
Jacksonville FL 32202-5009 ☐ Change ☒ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
Gervin, Sydney A. III
1 Independent Dr. Ste 1600
Jacksonville, FL 32202-5009 ☐ Change ☒ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
Boeff David H.
1 Independent Dr. Ste 1600
Jacksonville FL 32202-5009 ☐ Change ☒ Addition

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 #

CR2E083 (11/00)