

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 17 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004837

1. Entity Name

TOWERCOM GULF COAST, L.L.C.

Principal Place of Business

1 INDEPENDENT DRIVE, SUITE 1600  
JACKSONVILLE FL 32202-5009

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

59-3592525

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

BOONE, DAVID S  
1 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*  
Signature, typed or printed name of registered agent and title if applicable.

David R. Shields

April 4, 2000

(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 ☐ Delete  
MGR  
TOWERCOM MANAGEMENT, L.L.C.  
STREET ADDRESS 1 INDEPENDENT DRIVE, SUITE 1600  
CITY-ST-ZIP JACKSONVILLE FL 32202-5009

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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:

*David R. Shields*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

David R. Shields, Vice Pres 4/4/00 (904) 634-8808

Date

Daytime Phone #

CR2E083 (9/99)