

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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DOCUMENT # L99000004838

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

MW m

DO NOT WRITE IN THIS SPACE

City & State  
Zip Country

4. FEI Number  
59-3592523

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 32202-5009

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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOWERCOM MANAGEMENT, L.L.C. 1 INDEPENDENT DRIVE, SUITE 1600 JACKSONVILLE FL 32202-5009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003230182--0 -04/28/00--01130--018 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 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)