

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004838

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

FILED

01 APR 23 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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.

City & State

4. FEI Number 59-3592523
Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
SHIELDS, DAVID R
1 INDEPENDENT DRIVE, SUITE 1600
JACKSONVILLE FL 32202-5009

7. Name and Address of New Registered Agent
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR TOWERCOM MANAGEMENT, L.L.C. 1 INDEPENDENT DRIVE, SUITE 1600 JACKSONVILLE FL 32202-5009
Delete

10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP
EVP Carrie L. Kirk 1 Independent Dr. Ste 1600 Jacksonville FL 32202-5009
Delete
EVP David R. Shields 1 Independent Dr. Ste 1600 Jacksonville FL 32202
Delete
MGR TowerCom Enterprises L.L.C. 1 Independent Dr. Ste 1600 JAX FL 32202
Delete
7000004137217-1
-05/04/01--01096--026
*****50.00 *****50.00
Delete

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 Shields* 2/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)