

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006299

1. Entity Name
TOWERCOM MID-STATES, LLC

FILED

01 MAY 16 PM 2:59

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.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3608716
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GERVIN, SYDNEY A III
ONE 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: [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
300004416148-9
-06/12/01--01065--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	TOWER MANAGEMENT, LLC	1 INDEPENDENT DRIVE, SUITE 1600	JACKSONVILLE FL 32202	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGR	TowerCom Enterprises	1 Independent Dr. Suite 1600	Jacksonville FL 32202	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P.	W. RADFORD LOUCH II	1 Independent Dr. Ste 1600	Jacksonville FL 32202	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	W. Scott Miller	1 Independent Dr. Ste 1600	Jacksonville FL 32202	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Sydney A. Gervin III	1 Independent Dr. Ste 1600	Jacksonville FL 32202	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	David R. Shields	1 Independent Dr. Ste 1600	JAX FL 32202	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MD	Carrie L. Kirk	1 Independent Dr. Ste 1600	Jacksonville FL 32202	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

0002627 AF

CR2E083 (11/00)