

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006681

1. Entity Name
TW-MAGIC, LLC

FILED

01 MAY -2 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3903 NORTHDAL BLVD., SUITE 150E
TAMPA FL 33624

Mailing Address
3903 NORTHDAL BLVD., SUITE 150E
TAMPA FL 33624



2. Principal Place of Business
3421 N. LAKEVIEW DR.
Suite, Apt. #, etc.

3. Mailing Address
3421 N. LAKEVIEW DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number 59-3604375

Applied For
Not Applicable

Zip Country
33618 USA

Zip Country
33618 USA

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

6. Name and Address of Current Registered Agent

SARSEN, CYNTHIA ESQ.
3903 NORTHDAL BLVD., SUITE 150E
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name CYNTHIA SARSEN
Street Address (P.O. Box Number is Not Acceptable)
3421 N. LAKEVIEW DRIVE
City TAMPA FL Zip Code 33618

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 CYNTHIA SARSEN 4.23.01
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

7000004303347--4
-05/24/01--01010--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORM-REEVES, RICHARD J 1230 LIBERTY BANK LN., SUITE 220 LOUISVILLE KY 40222 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME RICHARD J. REEVES 3421 N. LAKEVIEW DRIVE TAMPA FLORIDA 33618 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: DAN RUFFE 4.23.01 813.361.6427
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

00122 AT

CR2E063 (11/00)