

2000 UNIFORM BUSINESS REPORT (UBR)

0010354

DOCUMENT # L99000007583

1. Entity Name
TARGET LIVE, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 AM 9:22

3/27/00



Principal Place of Business
805 SOUTH MAGNOLIA AVENUE
OCALA FL 34471

Mailing Address
805 SOUTH MAGNOLIA AVENUE
OCALA FL 34474-4271

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACKAY, DAVID L
2801 SOUTHWEST COLLEGE ROAD, SUITE #1
OCALA FL 34474

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

10. ADDITIONS / CHANGES

TITLE NAME MGRM
STREET ADDRESS TARGET MARKETING GROUP, INC.
CITY- ST- ZIP 805 SOUTH MAGNOLIA AVENUE
OCALA FL 34471 ☐ Delete

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

TITLE NAME MGRM
STREET ADDRESS TARGET INVESTING, INC.
CITY- ST- ZIP 501 PAWNEE TRAIL
MAITLAND FL 32751 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500003191835
CITY- ST- ZIP -03/31/00--01064--022
*****55.00 *****55.00

TITLE NAME Todd L Smith MGRM
STREET ADDRESS 2901 S.W. 41st St #2312
CITY- ST- ZIP Ocala FL 34474 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #