

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 APR 27 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M00000000939

1. Entity Name
LOGISTICS HOLDINGS LLC

Principal Place of Business

1301 RIVERPLACE BLVD
JACKSONVILLE FL 32207

Mailing Address

1301 RIVERPLACE BLVD
JACKSONVILLE FL 32207

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301

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 MGRM
NAME OAK HILL CAPITAL PARTNERS LP
STREET ADDRESS PARK AVENUE TOWER 65 E55TH ST 32ND FLOOR
CITY-ST-ZIP NEW YORK NY 10022 ☒ Delete

TITLE P
NAME Joseph A. Nicosia
STREET ADDRESS 1301 Riverplace, Ste 1200
CITY-ST-ZIP JAX FL 32207 ☐ Change ☒ Addition

TITLE MGRM
NAME OAK HILL MANAGEMENT PARTNERS LP
STREET ADDRESS PARK AVENUE TOWER 65 E55TH ST 32ND FLOOR
CITY-ST-ZIP NEW YORK NY 10022 ☒ Delete

TITLE V
NAME Michael Gardner
STREET ADDRESS 1301 Riverplace, Ste 1200
CITY-ST-ZIP JAX FL 32207 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE T
NAME Bruce Wise
STREET ADDRESS 1301 Riverplace, Ste 1200
CITY-ST-ZIP JAX FL 32207 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/7/01 904-858-4401

CR2E083 (11/00)