## 2001 UNIFORM BUSINESS REPORT (UBR)

	I UNIFORM BUS	ME33 NEFT	JN I	(ADU)						
DOCUMENT # M0000002602  1. Entity Name						Proc. [ ]	المنا أسا	W	/	
TAG-OCALA LLC							ED.	7 / 77	7/260	
Principal Plac	ce of Business			7	01 MAR 26 PM 12: 27					
4330 C	Mailing Address 4330 Crittend	) Crittenden Drive			SECRETARY OF STATE					
Louisville, KY 40209 Louisville, K						TALLAHASSEE FLORIDA				
	Place of Business	3. Mailing Address			Π.					
4330 Crittenden Drive Suite, Apt. #, etc.		4330 Crittenden Drive Suite, Apt. #, etc.			4	DO NOT WRITE IN THIS SPACE				
	, 5.5.	0000,71,000				DO 1401 W	111111111111111111111111111111111111111	OI AUL		
City & State Louisville, KY 40209				209		4. FEI Number         Applied For           31-1740215         Not Applicable			e	
<sup>Zip</sup> 40209	Country USA	Zip C 40209 U		ry	5. Certif	5. Certificate of Status Desired See Requir				
	6. Name and Address of Current F	<u> </u>	1_00.	<u> </u>	7. Name	and Address of New	Registered			
<u> </u>			Name							
C T Corporation System 1200 South Pine Island Road					treet Address (P.O. Box Number is Not Acceptable)					
	ion, FL 33324									
,			ĺ	City			FL	Zip Co	ode	7
8. Ties above	e named entity submits this statement for	the purpose of changing its	registere	d office or regist	ered agent o	or both, in the State of				7
·- · · · · · · · · · · · · · · · · ·		and parpood or origing no	, g		orou again, a					1
SIGN ATURE	Signature, typed or printed name of registered agent ar	d sile if applicable	C: Desistand	Agent signature requir	-dhoe soinet-vi-		DATE			
<u>-1</u>	Signature, typed or printed fixine or registered agent air	d tille il applicable. (NOT	E. negisteled	Agent signature requir	ed when remstatin	9)	DATE			$\dashv$
				EE IS \$50.00	-	···				
	,	Make Check Pa	yable to	Department	of State					
9.	MANAGING MEMBE	L RS/MEMBERS	10.		<u></u>	ADDITION	S/CHANGES			
TITLE	Manager	☐ Delete	TITLE					☐ Change	e 🔲 Addition	7 (g
NAME	Kenneth L. Huber	_	NAME	ſ						E
STREET ADDRESS CITY-ST-ZIP	4330 Crittenden Driv Louisville, KY 4020			t address St-zip						ZE083 (11/00)
TITLE	Manager		TITLE	31-21		······································		T Primar		48
NAME	James G. Formanek	☐ Delete	NAME		ے	200003: -03/30	<b>元</b>	1950	102	, 12
STREET ADDRESS	4330 Crittenden Driv	e	STREE	T ADDRESS		海岸水水水	SS.00	冰冰冰冰冰	55.00	
CITY-ST-ZIP	Louisville, KY 4020	9	CITY-	ST-ZIP					<u></u> .	_]
TITLE	Manager	🔀 Delete	TITLE					☐ Change	Addition	1
NAME STREET ADDRESS	Lewis D. Kuhl		NAME	T ADDRESS						
CITY-ST-ZIP	4330 Crittenden Driv Louisville, KY 4020		CITY-S							
TITLE	Manager	☐ Delete	TITLE	<del></del>		<u> </u>	<del></del>	☐ Change	Addition	7
NAME	James L. Gish		NAME							
STREET ADDRESS	4330 Crittenden Drive	е		T ADDRESS						
CITY-ST-ZIP	Louisville, KY 4020		CITY-S	51-214		<del> </del>	<del></del>			-
TITLE NAME	Manager	☐ Delete	TITLE					☐ Change	☐ Addition	}
STREET-ADDRESS	Robert A. Iezzi	_		T ADDRESS						
CITY-ST-ZIP	4330 Crittenden Drive <del>Louisville, KY 4020</del> 9		CITY-S	ST-ZIP						_
TITLE	Poureatine, W. 4050.	☐ Delete	TITLE				1	☐ Change	Addition	
NAME			NAME	I ADDDESC					•	
STREET ADDRESS   CITY-ST-ZIP			STREET CITY-S	TADDRESS .						1
	ertify that the information supplied with the	nis filing does not qualify for	the exem	ption stated in S	ection 119 03	7(3)(i), Florida Statutes	. I further cert	ify that the	information	1
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 inde 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.										
ROBERT A. Iezzi March 22, 2001 (502) 366-3833										
SIGNATURE: NOTIFIED IN THE PROPERTY OF SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #										