

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002603

1. Entity Name

TAG PROPERTIES-OCALA LLC

Principal Place of Business

Mailing Address

4330 Crittenden Drive
Louisville, KY 40209

4330 Crittenden Drive
Louisville, KY 40209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1740229

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

4/3/29

01 MAR 26 PM 12:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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
STREET ADDRESS
CITY-ST-ZIP
Manager
Kenneth L. Huber
4330 Crittenden Drive
Louisville, KY 40209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100003932131--9
-03/30/01--01095--001
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
James G. Formanek
4330 Crittenden Drive
Louisville, KY 40209 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Lewis D. Kuhl
4330 Crittenden Drive
Louisville, KY 40209 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
James L. Gish
4330 Crittenden Drive
Louisville, KY 40209 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Robert A. Iezzi
4330 Crittenden Drive
Louisville, KY 40209 ☐ 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

Robert A. Iezzi March 22, 2001 (502) 366-~~1800~~3833

Date

Daytime Phone #

CR2E083 (11/00)