

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000000130

1. Entity Name
FOGELMAN MANAGEMENT GROUP, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 10 PM 1:17

11/9/23

Principal Place of Business
5400 POPLAR AVENUE, 2ND FLOOR
MEMPHIS TN 38119

Mailing Address
5400 POPLAR AVENUE, 2ND FLOOR
MEMPHIS TN 38119



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 62-1679568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

\$0.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FOGELMAN, RICHARD L
5400 POPLAR AVENUE, 2ND FLOOR
MEMPHIS TN 38119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000022926880
03/10/03--01033--001 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KELLY, JEFFREY L
5400 POPLAR AVENUE, 2ND FLOOR
MEMPHIS TN 38119 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
RANGLES, JOHN A III
5400 POPLAR AVENUE, 2ND FLOOR
MEMPHIS TN 38119 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JACKSON, KEVIN Q
5400 POPLAR AVENUE, 2ND FLOOR
MEMPHIS TN 38119 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FOGELMAN, MARK
5400 POPLAR AVENUE, 2ND FLOOR
MEMPHIS TN 38119 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BAKER, STANLEY
5400 POPLAR AVENUE, 2ND FLOOR
MEMPHIS TN 38119 ☐ 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 #

CP2E083 (4/03)