

2000 UNIFORM BUSINESS REPORT (UBR)

0016785 AF

DOCUMENT # M97000000196

1. Entity Name

TMW BASTION MANAGEMENT, LLC

FILED

00 MAR 14 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5500 INTERSTATE NORTH PARKWAY, SUITE 200
ATLANTA GA 30328-4662

Mailing Address

5500 INTERSTATE NORTH PARKWAY, SUITE 200
ATLANTA GA 30328-4662

2. Principal Place of Business
Two Ravinia Drive

3. Mailing Address
Two Ravinia Drive

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.
Suite 400

City & State
Atlanta, Georgia

City & State
Atlanta, Georgia

4. FEI Number
59-2306106

Applied For
Not Applicable

Zip
30346-2104

Country
USA

Zip
30346-2104

Country
USA

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

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
MGRM
TMW REAL ESTATE GROUP, L.P.
5500 INTERSTATE NORTH PARKWAY, SUITE 200
ATLANTA GA 30328-4662 ☐ 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
300003186303-5
-03/28/00-01012-016
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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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:

Thomas F. McWhirter, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Thomas F. McWhirter, Jr.

Date

Daytime Phone #

770-481-3000