

2000 UNIFORM BUSINESS REPORT (UBR)

0014117 AF

DOCUMENT # M97000000396

1. Entity Name
TBG DEVELOPMENT, LLC

FILED

00 MAR 13 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
226 S. MERAMEC, SUITE 200
ST. LOUIS MO 63105

Mailing Address
226 S. MERAMEC, SUITE 200
ST. LOUIS MO 63105-3504

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 43-1757931

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

DUPUIS, MIKE
400 CELEBRATION PLACE
FITNESS CENTER
CELEBRATION FL 34747

Name GAR Simers
Street Address (P.O. Box Number is Not Acceptable)
400 CELEBRATION PLSCB
FITNESS CENTRE
City CELEBRATION FL Zip Code 34747

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 BENSKY, JEFFREY M
STREET ADDRESS 226 S. MERAMEC, SUITE 200
CITY-ST-ZIP ST. LOUIS MO 63105 ☐ Delete

TITLE
NAME
STREET ADDRESS 800003183908-9
CITY-ST-ZIP -03/24/00--01115--018
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE MGR
NAME LYNCH, DANIEL J
STREET ADDRESS 226 S. MERAMEC, SUITE 200
CITY-ST-ZIP ST. LOUIS MO 63105 ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #