2000 UNIFORM BUSINESS REPORT (UBR)

Tames N Creiff

DOCUMENT # M9700000430 1. Entity Name T.I.C. ENTERPRISES, L.C. Principal Place of Business 645-1 HEMBREE PARK DRIVE 645-1 HEMBREE PARK DRIVE						SECRETARY OF STATE DIVISION OF CORPORATIONS OO MAR -6 AM II: 43			
ROSWELL GA 30076 ROSWELL GA 30076				*					
<u> </u>									
Principal Place of Business Mailing Address				1 (50 (004) 110 1011 0011 0011 0011 0011 0011 0					
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	e	City & State	City & State			4. FEI Number 58-2313873 Applied For Not Applicable			
Zip	Country	Zip	Country		5. Certi	Ficate of Status Desired	\$5.00 Add	ditional	
6. Name and Address of Current i		Registered Agent			7. Name	7. Name and Address of New Registered Agent			
					Name				
NIGHTINGALE, ROCKY				Street Address (P.O. Box Number is Not Acceptable)					
10445 NW 50TH PLACE CORAL SPRINGS FL 33076									
SOUNE SI THINGS TE SOUTS			City	City FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered o									
and and a second state of the particular and particular and a second state of the par									
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 10.						ADDITIONS/CH	ANGES		
TITLE	MGR	Delete	TITL	E`			Change	Addition	
NAME	GREIFF, JAMES N		MAM	- I		1-100 00			
STREET ADDRESS CITY-ST-ZIP	645-1 HEMBREE PARK DRIVE ROSWELL GA 30076		4	ET ADDRESS - ST- ZIP		m/32000			
TITLE	MGR	☐ Deloto	ML				☐ Change	Addition	
NAME	FOCAZIO, ROBERT L		MASI			U		1	
STREET ADDRESS CITY-ST-ZIP	645-1 HEMBREE PARK DRIVE ROSWELL GA 30076			ET ADDRESS - ST-ZIP			,		
TITLE	MGR Delete TITE		E			☐ Change	Addition		
MAME	KEAN, JOHN JR			i.		40000317 -03/22/00	'9194 <u>-</u>	=	
STREET ADDRESS CITY-ST-ZIP	330 HOOTE 202-200, 1:0. DOX 700			ET ADDRESS - ST- ZIP		-03/22/00 	0101900		
ITTLE	MGR	☐ Delista	TITL		<u>.</u>		Change	Addition	
MANCE	LURIE, ROBERT F		NAM	-					
JSTREET ADORESS CITY-ST-ZIP	550 ROUTE 202-206, P.O. BOX 70 BEDMINSTER NJ 07920-0760	60		ET ADDRESS - ST-ZIP				}	
TITLE	DEDIMINOTER NO GIOCES GIOG	☐ Oedete	TITL	<u> </u>	Mgr	· · · · · · · · · · · · · · · · · · ·	Change	XX Addition	
MANIE			MAM	_	Larry Ma	ssing			
STREET ADDRESS City-81-Zip				ET ADDRESS - \$T-ZIP		es Ferry Road		}	
TITLE	1	Delete	mu	-	- Atlanta,	_ CA30339	Change	Addition	
NAME			MAM)					
STREET ADDRESS CITY-ST-ZIP		- 1		ET ADORESS -ST-ZIP				ļ	
11. I hereby certify that the information supplied with this filling 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 eppowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: SIGNATURE REQUIRED February 29, 2000 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Dat									