

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 27 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M97000000800

1. Entity Name

SIX "R" COMMUNICATIONS, L.L.C.

Principal Place of Business

3005 CHAMBER DRIVE
MONROE NC 28110

Mailing Address

3005 CHAMBER DRIVE
MONROE NC 28079-2580

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

56-2026851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT-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 MGR ☐ Delete
NAME LARENCE, FRANK M
STREET ADDRESS 105 WESTPARK DRIVE, SUITE 200
CITY- ST- ZIP BRENTWOOD TN 37027

☐ Change ☐ Addition
500003249765--8
-05/12/00--01012--025
*****50.00 *****50.00

TITLE MGR ☐ Delete
NAME PHILLIPS, RICHARD
STREET ADDRESS 3005 CHAMBER DRIVE
CITY- ST- ZIP MONROE NC 28110

☐ Change ☐ Addition

TITLE MGR ☐ Delete
NAME LUCOT, JOSEPH R
STREET ADDRESS 201 ISABELLA STREET
CITY- ST- ZIP PITTSBURGH PA

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☒ Addition
S
YURA, D. A.
201 ISABELLA STREET
PITTSBURGH, PA 15212-5858

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

YURA - SECRETARY 3/15/00

CR2E083 (9/99)