

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -3 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001052

1. Entity Name  
BADGER ACQUISITION OF TAMPA LLC

Principal Place of Business  
1209 ORANGE STREET  
WILMINGTON DE 19801

Mailing Address  
1717 DIXIE HWY, SUITE 800  
FT. WRIGHT KY 41011-2784



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2119893

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

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 MGRM  
STREET ADDRESS BADGER ACQUISITION LLC  
CITY- ST- ZIP 1717 DIXIE HIGHWAY, SUITE 800  
FORT WRIGHT KY

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME MGR  
STREET ADDRESS FINN, TRACY  
CITY- ST- ZIP 100 EAST RIVER CENTER BLVD., SUITE 1500  
COVINGTON KY 41011

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME MGR  
STREET ADDRESS ABBOTT, BRADLEY S  
CITY- ST- ZIP 1717 DIXIE HIGHWAY, SUITE 800  
FORT WRIGHT KY

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME MGR  
STREET ADDRESS GREANY, CATHERINE  
CITY- ST- ZIP 100 EAST RIVER CENTER BLVD., SUITE 1500  
COVINGTON KY 41011

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME MGR  
STREET ADDRESS MARSH, THOMAS R  
CITY- ST- ZIP 1717 DIXIE HIGHWAY, SUITE 800  
FORT WRIGHT KY

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

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 #

4/26/00 (859) 426-3069

CR2E083 (9/99)