

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR -3 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*rf 4/18*



DO NOT WRITE IN THIS SPACE

DOCUMENT # M99000000344

1. Entity Name

TAM ADVISORS, LLC

Principal Place of Business  
28 STATE STREET, 37TH FLOOR  
BOSTON MA 02109

Mailing Address  
28 STATE STREET, 37TH FLOOR  
BOSTON MA 02109-1775

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

01-346884 APPLIED FOR

Applied For

Not Applicable

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 TRIUMPH CAPITAL GROUP, INC. ☐ Delete  
STREET ADDRESS 28 STATE STREET, 37TH FLOOR  
CITY- ST- ZIP BOSTON MA 02109

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 800003224298--?  
CITY- ST- ZIP -04/26/00--01019--008  
\*\*\*\*\*55.00 \*\*\*\*\*55.00  
☐ Change ☐ Addition

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
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CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

*Frederick M. McCarty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3/29/00

617-557-6000

CR2E083 (9/99)