

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087823  
 Entity Name  
**LINN MANAGEMENT CORPORATION**

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**  
 04-14-2000 90116 028 \*\*\*150.00

Principal Place of Business  
**W COMANCHE AVE**  
**100**  
**FL 33614**

Mailing Address  
**4601 W COMANCHE AVE**  
**SUITE 100**  
**TAMPA FL 33614-5429**  
**US**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

Country

4. FEI Number **59-3216049**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**LINN, JEFFREY N**  
**4601 W COMANCHE AVE**  
**TAMPA FL 33614**

7. Name and Address of New Registered Agent  
 Name **TAMARA CARMICHAEL P.A.**  
 Street Address (P.O. Box Number is Not Acceptable) **201 SOUTH BISCAYNE BLVD.**  
**SUITE 3000**  
 City **MIAMI** **FL** Zip Code **33131**

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, typed or printed name of registered agent and file if applicable. *Tamara Carmichael, P.A.* (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	<b>D</b> <b>LINN, STEPHEN</b> <b>4601 W COMANCHE AVE</b> <b>TAMPA FL 33614</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<b>D</b> <b>LINN, JEFFREY N.</b> <b>4601 W COMANCHE AVE</b> <b>TAMPA FL 33614</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<b>D</b> <b>LINN, CRAIG</b> <b>4601 W COMANCHE AVE</b> <b>TAMPA FL 33614</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 furnished on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 4-4-00 813-249-2525  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)