

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR -3 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A30691

1. Entity Name

CEK OF LEON COUNTY, LTD.

Principal Place of Business

Mailing Address

~~P.O. BOX 8816~~

~~P.O. BOX 8816~~

BOSTON MA 02114

BOSTON MA 02114

2. Principal Place of Business

3. Mailing Address

150 Staniford St

150 Staniford St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 223

Suite 223

City & State

City & State

Boston, Ma.

Boston, Ma.

Zip

Country

Zip

Country

02114

USA

02114

USA

DUE BY MAY 1, 2002

4. FEI Number

59-3032927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BAUMER, THOMAS M~~

~~50 N LAURA ST~~

~~STE 2200~~

~~JACKSONVILLE FL 32201~~

Name

Jay Adams

Street Address (P.O. Box Number is Not Acceptable)

215 South Monroe

Suite 400

City

Tallahassee, FL

FL

Zip Code

32301

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

Jay Adams

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # S02894
NAME CEK OF LEON COUNTY, INC.
STREET ADDRESS 50 N LAURA ST., STE. 2200
CITY-ST-ZIP JACKSONVILLE FL 32201

STREET ADDRESS 215 South Monroe, Suite 400
CITY-ST-ZIP Tallahassee, FL. 32301

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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Charles M. Thym* President, CEK of Leon County, Inc. 3/20/02 617-367-9525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0017490 AT

CR2E003 (9/01)

STAPLE CHECK HERE