

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006449

1. Entity Name  
LKB, LLC

FILED

01 APR -6 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1310 OLD STICKNEY POINT ROAD  
SARASOTA FL 34242

Mailing Address

1310 OLD STICKNEY POINT ROAD  
SARASOTA FL 34242



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VAN WINKLE, MARY E ESQ.  
3844 BEE RIDGE ROAD, SUITE 202  
SARASOTA FL 34233

7. Name and Address of New Registered Agent

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

900003995919--3  
-04/13/01--01010--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM  
STREET ADDRESS LEFEVRE, THOMAS  
CITY-ST-ZIP 1310 OLD STICKNEY POINT ROAD  
SARASOTA FL 34242 ☐ Delete

TITLE NAME MGRM  
STREET ADDRESS BABEL, DAVID  
CITY-ST-ZIP 1310 OLD STICKNEY POINT ROAD  
SARASOTA FL 34242 ☐ Delete

TITLE NAME MGRM  
STREET ADDRESS KIEN, DENNIS  
CITY-ST-ZIP 4635 SCHOOL AVE.  
SARASOTA FL 34231 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)