

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007649

1. Entity Name  
SYKES INVESTMENTS, LLC

Principal Place of Business

901 S NEWPORT  
TAMPA FL 33606

Mailing Address

901 S NEWPORT  
TAMPA FL 33606

FILED

01 MAR 23 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
100 N. Tampa Street

3. Mailing Address  
100 N. Tampa Street

Suite, Apt. #, etc.  
Suite 3900

Suite, Apt. #, etc.  
Suite 3900

City & State  
Tampa, FL

City & State  
Tampa, FL

4. FEI Number  
59-3668936

Applied For  
Not Applicable

Zip  
33602  
Country  
USA

Zip  
33602  
Country  
USA

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

HENDEE, BRETT ESQ  
100 S ASHLEY DR  
SUITE 1770  
TAMPA FL 33602

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  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SYKES, JOHN H  
901 S NEWPORT  
TAMPA FL 33606 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100003930001-8-1  
-03/29/01--01095--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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

John H. Sykes, Manager

3/15/01 813-233-2101

Date

Daytime Phone #

CR2E083 (11/00)