

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015006

1. Entity Name

COPP OF FLORIDA, L.C.

Principal Place of Business

Mailing Address

12155 SE Hwy 489
Belleview, FL. 34420

2. Principal Place of Business

3. Mailing Address

12155 SE Hwy 489

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Belleview FL

Zip

Country

Zip

Country

34420

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLIFFORD COPP
12155 SE Highway 489
Belleview FL 34420

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)

4-13-01

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
OWNER
CLIFF COPP
2340 S. 8th St
Kansas City KS 66111

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000004101200
-05/01/01--01045--015
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☐ Change ☐ Addition

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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

Date

Daytime Phone #

FILED

2001 APR 20 PM 3:20

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

CR2E083 (11/00)