

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90937 001 \*\*\*385.00

**DOCUMENT # L01000008390**

1. Entity Name

**4221 CARRINGTON COURT, LLC**

Principal Place of Business

**2585 HICKORY RIDGE RD.  
TALLAHASSEE FL 32308**

Mailing Address

**2585 HICKORY RIDGE RD.  
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 13613**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TALLAHASSEE FL**

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

**32317**

**LEON**

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

**GEEKER, VAN P**

**VAN P. GEEKER, P.A. ->  
1322 THOMASWOOD DR. ->  
TALLAHASSEE FL 32312 ->**

Name

**GEEKER VAN P**

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

**IGLER + DOUGHERTY, PA.**

**1501 PARK AVENUE EAST**

City

**TALLAHASSEE**

**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

*Van P. Geeker*

**4/10/02**

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  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Delete  
NAME **GEORGE N. KOIKOS**  
STREET ADDRESS **2585 HICKORY RIDGE RD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE **VICE-PRESIDENT** ☐ Delete  
NAME **KAREN L. KOIKOS**  
STREET ADDRESS **2585 HICKORY RIDGE RD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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: *Van P. Geeker*

**SIGNATURE REQUIRED**

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

**4-10-02 8934661**

Date Daytime Phone #

CR2E083 (9/01)