

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # L01000012342**

1. Entity Name  
**2143 DELTA WAY, LLC**

Principal Place of Business      Mailing Address  
**2585 HICKORY RIDGE RD.**      **2585 HICKORY RIDGE RD.**  
**TALLAHASSEE FL 32308**      **TALLAHASSEE FL 32308**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      **P.O. Box 13613**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**TALLAHASSEE FL**

Zip      Country      Zip      Country  
**32317**      **LEON**

4. FEI Number      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**GEEKER, VAN P**  
**VAN P. GEEKER, P.A.**  
**4922 THOMASWOOD DR.**  
**TALLAHASSEE FL 32312**

**7. Name and Address of New Registered Agent**  
 Name: **GEEKER, VAN P.**  
 Street Address (P.O. Box Number is Not Acceptable): **IGLER + DOUGHERTY, P.A.**  
**1501 PARK AVENUE EAST**  
 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: *Van P. Geeker*      DATE: 4/10/02  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input type="checkbox"/> Delete <b>GEORGE N. KOIKOS</b> <b>2585 HICKORY RIDGE RD</b> <b>TALLAHASSEE, FL 32308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE-PRESIDENT</b> <input type="checkbox"/> Delete <b>KAREN KOIKOS</b> <b>2585 HICKORY RIDGE RD</b> <b>TALLAHASSEE, FL 32308</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *George N. Koikos*      **SIGNATURE REQUIRED**      DATE: 4-10-02      DAYTIME PHONE #: 8934161  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)