

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

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

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.
4322 THOMASWOOD DR.
TALLAHASSEE FL 32312

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/10/02
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
GEORGE N. KOIKOS
2585 HICKORY RIDGE RD
TALLAHASSEE, FL 32308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT
KAREN KOIKOS
2585 HICKORY RIDGE RD
TALLAHASSEE, FL 32308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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 REQUIRED

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

4-10-02 8934161
Date Daytime Phone #

CR2E083 (9/01)