

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # L01000012344**

1. Entity Name

**2160 DELTA BOULEVARD, LLC**

Principal Place of Business

**2585 HICKORY RIDGE ROAD  
TALLAHASSEE FL 32308**

Mailing Address

**2585 HICKORY RIDGE ROAD  
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**

Zip

Country

**32317**

Country

**LEON**

4. FEI Number

Applied For

☒ Not Applicable

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.**

**1022 THOMASWOOD DRIVE**

**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**

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
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

Date

**4-10-02**

Daytime Phone

**893-4161**

CR2E083 (9/01)