

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-21-2002 90937 001 ***385.00

DOCUMENT # L01000012348

1. Entity Name

2164 DELTA WAY, 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 13613

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

Zip

32317

Country

LEON



DO NOT WRITE IN THIS SPACE

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.~~

~~1322 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

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

TITLE ☐ Delete
NAME VICE-PRESIDENT
STREET ADDRESS KAREN L KOIKOS
CITY-ST-ZIP 2585 HICKORY RIDGE RD
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-10-02

Date

8934161

Daytime Phone #

CR2E083 (9/01)