

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 18, 2002 8:00 am  
Secretary of State

02-18-2002 90183 022 \*\*\*\*50.00

DOCUMENT # L96000001190

1. Entity Name

CHRISTIAN TYLER PROPERTIES I, L.C.

Principal Place of Business

3001 N. ROCKY POINT DRIVE EAST  
SUITE 200  
TAMPA FL 33607

Mailing Address

3001 N. ROCKY POINT DRIVE EAST  
SUITE 200  
TAMPA FL 33607

2. Principal Place of Business

2202 North West Shore Blvd

3. Mailing Address

2202 North West Shore Blvd.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Tampa Florida

City & State

Tampa Florida

Zip

33607

Country

Hillsborough

Zip

33607

Country

Hillsborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3413255

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EICHOLTZ, KIRK D  
3001 N. ROCKY POINT DRIVE EAST  
SUITE 200  
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name

Eicholtz, Kirk D.

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

2202 North West Shore Blvd.

Suite 200

City

Tampa Florida

FL

Zip Code

33607

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-8-02

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME KIRK D EICHOLTZ REVOCABLE TRUST OF 1996  
STREET ADDRESS 3001 N. ROCKY POINT DRIVE EAST, STE 200  
CITY-ST-ZIP TAMPA FL 33607

☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME Kirk D. Eicholtz Revocable Trust of 1996  
STREET ADDRESS 2202 North West Shore Blvd., Suite 200  
CITY-ST-ZIP Tampa FL 33607

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ 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

2-8-02

813-639-7583

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

Date

Daytime Phone #

CR2E083 (9/01)