

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001238

1. Entity Name

CHRISTIAN TYLER PROPERTIES IV, L.C.

APPROVED
AND
FILED

00 JUL 17 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3001 N ROCKY POINT DR E. SUITE 200
TAMPA FL 33607

Mailing Address

3001 N ROCKY POINT DR E. SUITE 200
TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3423659

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

EICHOLTZ, KIRK D
3001 N ROCKY POINT DR E, SUITE 200
TAMPA FL 33607

Name

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

City

FL

Zip Code

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

7-13-2000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Delete
STREET ADDRESS KIRK D EICHOLTZ REVOCABLE TRUST OF 1996
CITY-ST-ZIP 3001 N ROCKY POINT DR E, SUITE 200
TAMPA FL 33607

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500003335265--4
CITY-ST-ZIP -07/25/00--01060--031
****200.00 *****50.00
☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7-13-2000

Date

813-281-4801

Daytime Phone #

CP2E083 (5/00)