

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001332

1. Entity Name  
KRATER & ASSOCIATES LLC

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
19 NORTH DEL PRADO BLVD  
CAPE CORAL FL 33990

Mailing Address  
19 NORTH DEL PRADO BLVD  
CAPE CORAL FL 33990

2. Principal Place of Business  
*1109 DEL PRADO STE 15*

3. Mailing Address  
*1109 DEL PRADO BLVD STE 15*

City & State  
*CAPE CORAL FL*

Zip  
*33990*

Country  
*USA*

4. FEI Number  
**65-0726889**

Applied For  
 Not Applicable

5. Certificate of Status Desired  
 \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
MCMANUS, JAMES B  
19 NORTH DEL PRADO BLVD  
CAPE CORAL FL 33990

*OFFICE ADDRESS ONLY*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
*1109 DEL PRADO BLVD*

City  
*CAPE CORAL FL*

Zip Code  
*33990*

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]* DATE *4-6-00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME MGRM MCMANUS, JAMES B	<input type="checkbox"/> Delete
STREET ADDRESS 19 NORTH DEL PRADO BLVD	
CITY-ST-ZIP CAPE CORAL FL 33990	
TITLE NAME MGRM WOODROW, BARRY	<input type="checkbox"/> Delete
STREET ADDRESS 11851 ISLAND AVENUE	
CITY-ST-ZIP MATLACHA FL 33993	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME <i>11909 DEL PRADO BLVD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <i>CAPE CORAL FL 33990</i>	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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]* DATE *4-6-00* DAYTIME PHONE # *941-574-1040*

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

CRZE083 (9/99)