

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000628**

1. Entity Name
GEO-KON HOLDINGS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 17 AM 10:21

Principal Place of Business
**901 HERCULES AVE., STE D
CLEARWATER FL**

Mailing Address
**901 HERCULES AVE., STE D
CLEARWATER FL 33765-2031**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3516343**

Applied For
Not Applicable

Zip Country

Zip Country

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

**PAPPAS, GEORGE G
901 HERCULES AVE., STE D
CLEARWATER FL**

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PAPPAS, GEORGE G
2638 VELVENTOS DR
CLEARWATER FL 33781** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3012 SAVANNAH OAKS Circle
TARPON SPRINGS, FL 34689** ☐ Change ☐ Addition
2-14-00
800003156343-7
-03/03/00-01059-018
*******50.00 *****50.00** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KANTARAS, K. DEAN
2856 CHELSEA PLACE N
CLEARWATER FL 33759** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3012 SAVANNAH OAKS Circle
TARPON SPRINGS, FL 34689** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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NAME
STREET ADDRESS
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

2-14-00

(727) 298-8880

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

Date

Daytime Phone #

CR2E083 (9/99)