

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001833

1. Entity Name

KIVA OF MT. DORA, LLC

FILED

00 JAN 24 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

505 EAST 9TH AVENUE
MT DORA FL 32757

Mailing Address

505 EAST 9TH AVENUE
MT DORA FL 32757-4937

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

62-1753379
APPLIED FOR

Applied For
Not Applied For

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN-KEITH, KELLIE
36242 STRATFORD CT.
GRAND ISLAND FL 32735

7. Name and Address of New Registered Agent

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

TITLE NAME MGRM
STREET ADDRESS SCARBOROUGH, THOMAS D
CITY- ST- ZIP 4717 STUART GLEN DRIVE, SUITE 201
NASHVILLE TN 37215

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME
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STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
600003119386--9
-02/01/00--01123--006
*****55.00 *****55.00

TITLE NAME
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TITLE 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:

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

Date

Daytime Phone #

1/17/00 (615) 66517