

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002932

1. Entity Name  
CK VENTURES, L.C.

APPROVED  
AND  
FILED

00 MAY -6 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6735 S. LOIS AVENUE  
TAMPA FL 33616

Mailing Address  
3901 S. WESTSHORE BLVD.  
TAMPA FL 33611-1003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

534 PINELLAS BAYWAY #105

Suite, Apt. #, etc.  
# 105

City & State  
Tiera Verde FL

Zip  
33715

Country  
USA

Mailing Address

534 PINELLAS BAYWAY

Suite, Apt. #, etc.  
# 105

City & State  
Tiera Verde FL

Zip  
33715

Country  
USA

4. FEI Number  
59-3548081

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CONE, MICHAEL L  
6735 S. LOIS AVENUE  
TAMPA FL 33616

7. Name and Address of New Registered Agent

Name  
HAL KELLEY, JR

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

534 PINELLAS BAYWAY #105

City  
Tiera Verde FL Zip Code  
33715

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 *Hal Kelley* MGR Partner

5-1-2000

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  
MGR  
KELLEY, HAL JR.  
STREET ADDRESS  
3901 S. WESTSHORE BLVD.  
CITY- ST- ZIP  
TAMPA FL 33611

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
MGR  
Hal Kelley, Jr  
STREET ADDRESS  
534 PINELLAS BAYWAY #105  
CITY- ST- ZIP  
Tiera Verde, FL 33715

TITLE  
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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: *Hal Kelley* NAME REHAIR Kelley Jr.

Date

Daytime Phone #

CR2E0X19/99