

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000087

1. Entity Name

VAKA, LARSON & JOHNSON, P.L.

Principal Place of Business

544 LUCERNE AVENUE
TAMPA FL 33606

Mailing Address

544 LUCERNE AVENUE
TAMPA FL 33606-4033

FILED

00 JAN 13 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

777 S. Harbour Island Blvd.

3. Mailing Address

777 S. Harbour Island Blvd.

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

SUITE 300

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33602

Country

USA

Zip

33602

Country

USA

4. FEI Number

59-3556194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOLD, AARON J ESQ.
704 WEST BAY STREET
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name GEORGE A. VAKA

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

777 S. Harbour Island Blvd.

SUITE 300

City TAMPA

FL

Zip Code

33602

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.

GEORGE A. VAKA MEMBER

1-7-2000

DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE MEM
NAME VAKA, GEORGE A
STREET ADDRESS 544 LUCERNE AVENUE
CITY-ST-ZIP TAMPA FL 33606 ☐ Delete

TITLE MEM
NAME LARSON, DANIEL A
STREET ADDRESS 8 PINELAND ROAD
CITY-ST-ZIP HILTON HEAD SC 29926 ☐ Delete

TITLE MEM
NAME JOHNSON, MARC D
STREET ADDRESS 10304 GREENHEDGES DRIVE
CITY-ST-ZIP TAMPA FL 33626 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

TITLE MEMBER
NAME DANIEL A. LARSON
STREET ADDRESS 5302 ANTON CT.
CITY-ST-ZIP TAMPA, FL 33647 ☒ Change ☐ Addition

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

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

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

TITLE
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 of George A. Vaka

GEORGE A. VAKA

1-7-2000

813-228-6698

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

Date

Daytime Phone #

CR2E083 (9/99)