

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000256

1. Entity Name
CKT - PARKCREST, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 21 AM 10:02

Principal Place of Business

201 E. KENNEDY BLVD., SUITE 1400
TAMPA FL 33602

Mailing Address

201 E. KENNEDY BLVD., SUITE 1400
TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 E. Kennedy Blvd.

3. Mailing Address

201 E. Kennedy Blvd.

Suite, Apt. #, etc.

Suite 950

Suite, Apt. #, etc.

Suite 950

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3571816

Applied For

Not Applicable

Zip

33602

Country

USA

Zip

33602

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, CINDY KNOTT
201 E. KENNEDY BLVD., SUITE 1400
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

CINDY KNOTT TAYLOR

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

201 E. KENNEDY BLVD.

SUITE 950

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

Cindy Knott Taylor

CINDY KNOTT TAYLOR

8/17/00

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/MANAGERS

TITLE MGR
NAME TAYLOR, CINDY KNOTT
STREET ADDRESS 201 E. KENNEDY BLVD., SUITE 1400
CITY-ST-ZIP TAMPA FL 33602

☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME CINDY KNOTT TAYLOR
STREET ADDRESS 201 E. KENNEDY BLVD., SUITE 950
CITY-ST-ZIP TAMPA, FL 33602

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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:

CINDY KNOTT TAYLOR

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

Date

Daytime Phone #

CR2E083 (5/00)