

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000841**

1. Entity Name

**K&B TALLEVAST ASSOCIATES, L.L.C.**

FILED

01 MAR -1 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

7575 DR. PHILLIPS BOULEVARD, SUITE 390  
ORLANDO FL 32819

Mailing Address

7575 DR. PHILLIPS BOULEVARD, SUITE 390  
ORLANDO FL 32819

2. Principal Place of Business

7586 W. Sand Lake Rd

3. Mailing Address

7586 W. Sand Lake Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32819

Country

USA

Zip

32819

Country

USA

4. FEI Number

59-3557521  
APPLIED FOR

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

7. Name and Address of New Registered Agent

BOYD, SCOTT T

7575 DR. PHILLIPS BOULEVARD, SUITE 390  
ORLANDO FL 32819

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 ☐ Delete  
MGR  
BOYD, SCOTT T  
STREET ADDRESS  
7575 DR. PHILLIPS BOULEVARD, SUITE 390  
CITY-ST-ZIP  
ORLANDO FL 32819

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

2/9/01

Daytime Phone #

407/354-2200

CR2E083 (11/00)