

2000 UNIFORM BUSINESS REPORT (UBR)

X000245 AF

DOCUMENT # L99000005715

1. Entity Name
BUCK KNOB ASSOCIATES, L.L.C.

Principal Place of Business Mailing Address
3999 CHICORA WOODS PLACE 3999 CHICORA WOODS PLACE
JACKSONVILLE FL 32224 JACKSONVILLE FL 32224-7694

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
00 JAN 21 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3598156** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORD, ROBERT A 10110 SAN JOSE BLVD JACKSONVILLE FL 32257	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 _____ (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																		
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CR2E083 (9/99)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Susan Bie Glavin* **President** 1/17/00 904-992-6731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #