

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006020**

1. Entity Name
CBA PROPERTIES II LLC

APPROVED
AND
FILED

MAY -6 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**500 SOUTH FLORIDA AVENUE, 8TH FLOOR
LAKELAND FL 33801-5271**

Mailing Address
**500 SOUTH FLORIDA AVENUE, 8TH FLOOR
LAKELAND FL 33801-5276**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3598967

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

**ATKINSON, RONALD C
500 SOUTH FLORIDA AVENUE, 8TH FLOOR
LAKELAND FL 33801-5271**

7. Name and Address of New Registered Agent

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

TITLE **MGR** ☐ Delete
NAME **ATKINSON, RONALD C**
STREET ADDRESS **500 SOUTH FLORIDA AVENUE, 8TH FLOOR**
CITY-ST-ZIP **LAKELAND FL 33801-5271**

TITLE **MGR** ☐ Delete
NAME **BELCOURT, LLEWELLYN N**
STREET ADDRESS **500 SOUTH FLORIDA AVENUE, 8TH FLOOR**
CITY-ST-ZIP **LAKELAND FL 33801-5271**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition
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NAME
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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:

LLEWELLYN N BELCOURT 3/26/00 863 687 4010

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

Date

Daytime Phone #

CR2E083 (9/99)