

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90083 002 ****50.00

DOCUMENT # L99000006020

1. Entity Name

CBA PROPERTIES II LLC

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

331 SOUTH FLORIDA AVENUE

Suite, Apt. #, etc.

SUITE 400

City & State

3. Mailing Address

331 SOUTH FLORIDA AVENUE

Suite, Apt. #, etc.

SUITE 400

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3598967

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

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)

331 SOUTH FLORIDA AVENUE, SUITE 400

City

FL

Zip Code

33801-4626

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

RC Atkins, Manager

RONALD C ATKINSON

1/31/2002

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **331 SOUTH FLORIDA AVENUE, SUITE 400**
 CITY-ST-ZIP **33801-4626**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **331 SOUTH FLORIDA AVENUE, SUITE 400**
 CITY-ST-ZIP **33801-4626**

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TITLE ☐ Change ☐ Addition
 NAME
 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:

RC Atkins, Manager

RONALD C ATKINSON

1/31/2002

863/687-4010

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

Date

Daytime Phone #

CR2E083 (9/01)

0037596