

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006021

1. Entity Name  
CBA-ATKINSON LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 16 PM 4:29

Principal Place of Business: 500 SOUTH FLORIDA AVENUE, 8TH FLOOR, LAKELAND FL 33801-5281  
Mailing Address: 500 SOUTH FLORIDA AVENUE, 8TH FLOOR, LAKELAND FL 33801-5276



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number: 39-3598964 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

ATKINSON, RONALD C  
500 SOUTH FLORIDA AVENUE, 8TH FLOOR  
LAKELAND FL 33801-5281

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE: MGR  Delete  
NAME: ATKINSON, RONALD C  
STREET ADDRESS: 500 SOUTH FLORIDA AVENUE, 8TH FLOOR  
CITY-ST-ZIP: LAKELAND FL 33801-5281

TITLE: \_\_\_\_\_  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: MGR  Delete  
NAME: SMALLHEER, CHARLES J  
STREET ADDRESS: 500 SOUTH FLORIDA AVENUE, 8TH FLOOR  
CITY-ST-ZIP: LAKELAND FL 33801-5281

TITLE: \_\_\_\_\_  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Delete  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Delete  
NAME: \_\_\_\_\_  
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CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Change  Addition  
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CITY-ST-ZIP: \_\_\_\_\_

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STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Delete  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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: Charles J. Smallheer **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date: 4/29/00 Daytime Phone #: 863-687-4610

CR2E083 (9/99)