

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

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

39-3598966

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

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

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
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
SMALLHEER, CHARLES J
500 SOUTH FLORIDA AVENUE, 8TH FLOOR
LAKELAND FL 33801-5281

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/28/00 863-687-4610
Date Daytime Phone #

CR2E083 (9/99)