

2002 UNIFORM BUSINESS REPORT (UBR)

0037587

DOCUMENT # L99000006021

1. Entity Name

CBA-ATKINSON LLC

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 22 PM 2:07

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

Mailing Address
500 SOUTH FLORIDA AVENUE, 8TH FLOOR
LAKELAND FL 33801-5281

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 59-3598966 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 33801-5281

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
331 SOUTH FLORIDA AVENUE, SUITE 400
331
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

900005205149--8
-04/08/02--01055--004
*****200.00 *****50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ATKINSON, RONALD C 500 SOUTH FLORIDA AVENUE, 8TH FLOOR LAKELAND FL 33801-5281 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	331 SOUTH FLORIDA AVENUE, SUITE 400 33801-4626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMALLHEER, CHARLES J 500 SOUTH FLORIDA AVENUE, 8TH FLOOR LAKELAND FL 33801-5281 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	331 SOUTH FLORIDA AVENUE, SUITE 400 33801-4626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] SIGNATURE REQUIRED 1/29/02 863-687-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)