

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0009241 AF

DOCUMENT # L99000007061

1. Entity Name

KOBO FLORIDA INVESTMENTS, LLC

00 APR 29 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4201 JESSIE HARBOR DRIVE  
OSPREY FL 34229

Mailing Address

4201 JESSIE HARBOR DRIVE  
OSPREY FL 34229-9095



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MEM

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0957816

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

SHEA JR, JOHN

630 S. ORANGE AVE., 3RD FL  
Sarasota, FL 34236

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 MEMBER / MANAGER ☐ Delete  
NAME Friedrich A. KORSCH  
STREET ADDRESS 4201 Jessie Harbor Drive  
CITY-ST-ZIP OSPREY FL. 34229

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

TITLE Member / Manager ☐ Delete  
NAME HEIDI KORSCH  
STREET ADDRESS 4201 Jessie Harbor Drive  
CITY-ST-ZIP OSPREY FL. 34229

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  
STREET ADDRESS  
CITY-ST-ZIP

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  
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:

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

FRIEDRICH A. KORSCH

Date

Daytime Phone #

4-25-00  
(941) 966-3129

CR2E083 (9/99)