

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90011 025 ****50.00

DOCUMENT # L99000007231

1. Entity Name

KOALA, L.C.

Principal Place of Business

**1000 US 27 NORTH
 HAINES CITY FL 33844**

Mailing Address

**P.O. BOX 438
 HAINES CITY FL 33844**

2. Principal Place of Business

3843 W. LAKE HAMILTON DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

City & State

Zip

Country

33881-8223

USA

Zip

Country

4. FEI Number

59-3624865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MATHEWS, EDWARD D
 1000 US 27 NORTH
 HAINES CITY FL 33844**

7. Name and Address of New Registered Agent

Name **MATHEWS, EDWARD D.**

Street Address (P.O. Box Number is Not Acceptable)

3843 W. LAKE HAMILTON DR.

City **WINTER HAVEN**

FL

Zip Code **33881-8223**

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

Edward D. Mathews, **EDWARD D. MATHEWS, MGRM**

4/11/02

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 **MGRM** ☐ Delete
 NAME **MATHEWS, EDWARD D**
 STREET ADDRESS **1000 U.S. 27 NORTH**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **MGRM** ☐ Delete
 NAME **WALKER, ROBERT C**
 STREET ADDRESS **1000 U.S. 27 NORTH**
 CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3843 W. LAKE HAMILTON DR.**
 CITY-ST-ZIP **WINTER HAVEN, FL 33881-8223**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **3843 W. LAKE HAMILTON DR.**
 CITY-ST-ZIP **WINTER HAVEN, FL 33881-8223**

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TITLE ☐ Change ☐ Addition
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 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:

Edward D. Mathews, **EDWARD D. MATHEWS** **4/11/02 (863) 294-9336**

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

Date

Daytime Phone #

CR2E083 (9/01)