

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007234**

1. Entity Name

KUHN LEIBOWITZ REALTY, L.L.C.

FILED

01 FEB 12 AM 10:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1039 GUI SANDO
TAMPA FL 33613**

Mailing Address

**1039 GUI SANDO
TAMPA FL 33613**

2. Principal Place of Business

16406 Millan de Avila

Suite, Apt. #, etc.

3. Mailing Address

16406 Millan de Avila

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33613

Country

USA

Zip

33613

Country

USA

4. FEI Number

59-3622203

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**KUHN, JASON
5010 NW 62ND STREET
GAINESVILLE FL 32653**

7. Name and Address of New Registered Agent

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

Jason Kuhn **JASON KUHN**

2/4/01

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

TITLE **MGRM** ☐ Delete
NAME **KUHN, JASON**
STREET ADDRESS **5010 NW 62ND STREET**
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **MGR** ☐ Delete
NAME **LEIBOWITZ, EDWARD B**
STREET ADDRESS **1039 GUI SANDO**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME **800003719038**
STREET ADDRESS **-02/19/01-01132-013**
CITY-ST-ZIP *******50.00 *****50.00**

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

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

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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:

Jason Kuhn **JASON KUHN**

2/4/01

813-968-9003

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

Date

Daytime Phone #

CR2E083 (11/00)

00325688-SP