

2001 UNIFORM BUSINESS REPORT (UBR)

0002804 AF

DOCUMENT # L99000008649

1. Entity Name

BK CORNER LC

FILED

01 APR 23 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4347-10 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216

Mailing Address

4347-10 UNIVERSITY BLVD SOUTH
JACKSONVILLE FL 32216

2. Principal Place of Business

1 SLEIMAN PARKWAY

Suite, Apt. #, etc.

SUITE 270

3. Mailing Address

1 SLEIMAN PARKWAY

Suite, Apt. #, etc.

SUITE 270

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

Zip

32216

Country

U.S.A.

Zip

32216

Country

U.S.A.

4. FEI Number

59-3613249

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

SLEIMAN, PETER D

4347-10 UNIVERSITY BLVD SOUTH

JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

SLEIMAN, PETER D.

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

1 SLEIMAN PARKWAY SUITE 270

City

JACKSONVILLE

FL

Zip Code

32216

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

500004137905--3
-05/07/01--01019--023
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SLEIMAN, ANTHONY T
4347-10 UNIVERSITY BOULEVARD SOUTH
JACKSONVILLE FL 32216

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
1 SLEIMAN PARKWAY SUITE 270
JACKSONVILLE, FL 32216

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

TITLE
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☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Anthony T. Sleiman 4/15/01 904-731-8804

CR2E083 (11/00)