

2001 UNIFORM BUSINESS REPORT (UBR)

0003601 SP

DOCUMENT # M00000001314

1. Entity Name
KNIGHT TALLMAN & COMPANY LLC

FILED

01 JAN 22 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

100 BEACH DRIVE, S.E., SUITE 1701
ST. PETERSBURG FL 33701

Mailing Address

100 BEACH DRIVE, S.E., SUITE 1701
ST. PETERSBURG FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-2447872

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 NAME MGRM CRAIG KNIGHT, INC. ☐ Delete
STREET ADDRESS 11 PROPRIETOR'S CROSSING
CITY-ST-ZIP NEW CANAAN CT 06840

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000003581480--5
CITY-ST-ZIP -01/26/01--01076--008
*****50.00 *****50.00

TITLE NAME MGRM TALLMAN & ZURAVEL, INC. ☐ Delete
STREET ADDRESS 100 BEACH DRIVE, S.E., SUITE 1701
CITY-ST-ZIP ST. PETERSBURG FL 33701

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Samuel V. Tallman
Samuel V. Tallman

1-18-01

727-821-4163

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

Date

Daytime Phone #

CR2E083 (11/00)