

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90029 006 *****50.00

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DOCUMENT # M01000001731

1. Entity Name

FHR/GP, LLC



Principal Place of Business

**4111 E. 37TH ST. NORTH
WICHITA KS 67220**

Mailing Address

**PO BOX 2917
WICHITA KS 67201-2917**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **48-1165188**

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 PINÉ 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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTSON, DAVID LEE 4111 E 37TH ST N WICHITA KS 67220	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALLOCK, ALAN D 4111 E 37TH ST N WICHITA KS 67220	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAHONEY, JAMES L 4111 E 37TH ST N WICHITA KS 67220	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RAZOOK, BRADLEY J 4111 E 37TH ST N WICHITA KS 67220	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDERS, BRADFORD T 4111 E 37TH ST N WICHITA KS 67220	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEMENTELLI, ANTHONY J 4111 E 37TH ST N WICHITA KS 67220	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, MONTFORD J. 4111 E. 37th St. N. WICHITA, KS 67220	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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:

REQUIRED Phil Glenn

04/04/03

316-828-6171

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

Date

Daytime Phone #

CR2E083 (10/02)