

# 2001 UNIFORM BUSINESS REPORT (UBR)

0027424 AF

DOCUMENT # L00000000672

1. Entity Name

WHITE SANDS PROPERTIES, L.L.C.

FILED

01 APR -9 AM 7:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

921 FIRST STREET, S.W.  
ROANOKE VA 24016

Mailing Address

P.O. BOX 3220  
ROANOKE VA 24015



2. Principal Place of Business

4502 STARKEY RD., S.W.

3. Mailing Address

Suite, Apt. #, etc.

Suite 10

City & State

ROANOKE, VA

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

24014

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCGILL, ROBERT E III

36008 EMERALD COAST PARKWAY, SUITE 301  
DESTIN FL

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
MANAGING MEMBER  
TIMOTHY J. THIELECKE  
4502 STARKEY RD. S.W. - SUITE 10  
ROANOKE, VA 24014

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
MANAGING MEMBER  
ANTHONY E. WADDELL  
CATALOOCHEE SKI AREA  
1080 SKI LODGE RD.  
MAGGIE VALLEY, NORTH CAROLINA 28751

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
900004016889-06  
-04/19/01--01008--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: Timothy J. Thielecke Timothy J. Thielecke

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

April 2, 2001 540-769-5110

Date Daytime Phone #

CR2E083 (11/00)