

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006643

1. Entity Name

WHITE FACE ACRES COMPANY, LLC

Principal Place of Business

6380 12TH STREET
VERO BEACH FL 32966

Mailing Address

6380 12TH STREET
VERO BEACH FL 32966

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

65-106926

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

KROMHOUT, ALEXANDER
6380 12TH STREET
VERO BEACH FL 32966

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

2/27/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME KROMHOUT, DESIRE L
STREET ADDRESS 6380 12TH STREET
CITY-ST-ZIP VERO BEACH FL 32966 ☒ Delete

TITLE Manager
NAME Alexander Kromhout
STREET ADDRESS 6380-12th street
CITY-ST-ZIP Vero Beach, Florida 32966-1111 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Manager
NAME Charlotte K. Koster
STREET ADDRESS 6380-12th Street
CITY-ST-ZIP Vero Beach, Florida 32966-1111 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE Manager
NAME J. P. Kromhout
STREET ADDRESS 6380-12th Street
CITY-ST-ZIP Vero Beach, Fla. 32966-1111 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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TITLE
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CITY-ST-ZIP ☐ Delete

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:

[Signature]

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

2/27/01

Date

561-567-3046

Daytime Phone #

0026386 AF

CR2E083 (11/00)



DO NOT WRITE IN THIS SPACE

FILED

01 MAR -5 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA