## 2002 UNIFORM BUSIN'SS REPORT (UBR)

## Apr 18, 2002 8:00 am Secretary of State DOCUMENT # L01000009996 03-05-2002 90016 042 \*\*\*\*50 00 SUNSHINE PARK ICE ARENA, L.L.C. Principal Place of Business Mailing Address 2400 S. RIDGEWOOD, UNIT 63-D 2400 S. RIDGEWOOD, UNIT 63-D SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 43-1929701 Not Applicable Zip Country Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEYERS, DAVID Street Address (P.O. Box Number is Not Acceptable) C/O THE THOMAS GROUP 311 N. CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114 City Zip Code FL 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 FILENOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE R. Douglas Krtek, MANAGER Delete TITLE ☐ Change Addition NAME 4050 Pennsylvania, Suite 215 NAME STREET ADDRESS STREET ADDRESS Kansas City, MO 64111 CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

R. Douglas Krtek

816-931-1511

FILED