

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -3 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000643

1. Entity Name

WHITE MOUNTAIN MINING CO., L.L.C.

Principal Place of Business

7257 NW 4TH BLVD., PMB 167  
GAINESVILLE FL 32607

Mailing Address

7257 NW 4TH BLVD., PMB 167  
GAINESVILLE FL 32607-1600

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box AY

Becky WV 25802

25802

U.S.

4. FEI Number

58-2246780

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BAILY, JAY E

C/O BAILY & BREWER

46 N WASHINGTON BLVD, SUITE 13

SARASOTA FL 34236-5928

7. Name and Address of New Registered Agent

Name

Gerald A. Dechow

Street Address (P.O. Box Number is Not Acceptable)

3400 S. Tamiami Trail Suite 301

City

Sarasota

FL

Zip Code

34239

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 MGR ☐ Delete  
NAME PHILIPS, JOSEPH C  
STREET ADDRESS 502 NW 75TH ST, SUITE 77  
CITY-ST-ZIP GAINESVILLE FL 32607-1799

TITLE MGR ☐ Delete  
NAME HOLCOMB, DONALD R  
STREET ADDRESS P.O. BOX AY  
CITY-ST-ZIP BECKLEY WV 25801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Manager ☒ Change ☐ Addition  
NAME Joseph C. Phillips  
STREET ADDRESS 7257 NW 4th Blvd PMB #167  
CITY-ST-ZIP Gainesville FL 32607

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)