

2001 UNIFORM BUSINESS REPORT (UBR)

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

P.O. BOX AY
BECKLAY WV 25902

2. Principal Place of Business

3. Mailing Address

P.O. BOX 2594

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2246780

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DECHOW, GERALD A
3400 S. TAMiami TRAIL, SUITE 301
SARASOTA FL 34239

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

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

TITLE NAME MGR PHILLIPS, JOSEPH C ☒ Delete
STREET ADDRESS 7257 NW 4TH BLVD., PMB 167
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME PHILLIPS, JOSEPH C. ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGR THERESIA A. GWINN ☐ Change ☒ Addition
STREET ADDRESS 910 7257 NW 4th Blvd.
CITY-ST-ZIP Gainesville, FL 32607

TITLE NAME 400004384064 ☐ Change ☐ Addition
STREET ADDRESS -06/08/01--01089--019
CITY-ST-ZIP *****50.00 *****50.00

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

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

TITLE NAME ☐ Change ☐ Addition
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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/09/01 304-253-0645

APPROVED
AND
FILED

01 MAY 15 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE