

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90393 028 \*\*\*\*55.00

**DOCUMENT #** L96000000643

**1. Entity Name**

White Mountain Mining Co., LLC

**DO NOT WRITE IN THIS SPACE**

956123

**2. Principal Place of Business**

7257 NW 4th Blvd

Suite, Apt. #, etc.

PMB 167

City & State

Gainesville, FL

Zip

32607

Country

USA

**3. Mailing Address**

7257 NW 4th Blvd.

Suite, Apt. #, etc.

PMB 167

City & State

Gainesville, FL

Zip

32607

Country

USA

**4. FEI Number**

58 2246780

Applied For

Not Applicable

**5. Certificate of Status Desired** ☒

**\$5.00**

Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name

Gregory J. Porges

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

1205 Manatee Avenue West

City

Bradenton

FL

Zip Code  
34205

**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

DATE

4/25/02

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Manager  
Anthony C. Phillips  
130 Brookshire Lane  
Beckley, WV 25801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Manager  
Kathy L. Bishop  
130 Brookshire Lane  
Beckley, WV 25801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Manager  
Rebecca T. Payne  
130 Brookshire Lane  
Beckley, WV 25801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

**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 #

4/18/02 (304)255-9030

CR2E083B (12/01)