

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000731

1. Entity Name

Kanza Sailing, L.C.

Principal Place of Business Mailing Address
3162 Matecumbe Key Road 3162 Matecumbe Key Road
Punta Gorda, FL 33955 Punta Gorda, FL 33955

2. Principal Place of Business 3. Mailing Address
1100 Oak Ridge Drive 4923 W. 90th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State City & State
Parrish, FL Prairie Village, KS

Zip Country Zip Country
34219 USA 66207-2241 USA

4. FEI Number
65-0761523

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

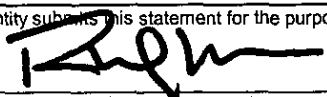
6. Name and Address of Current Registered Agent.

7. Name and Address of New Registered Agent

Rick Stewart
3162 Matecumbe Key Road
Punta Gorda, FL 33955

Name
Richard L. Marr, Jr.
Street Address (P.O. Box Number is Not Acceptable)
% Robert E. Smith
11900 Oak Ridge Drive
City Zip Code
Parrish FL 34219

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  Richard L. Marr, Jr. 03/01/2000
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/MANAGERS
TITLE Member
NAME Paul A. Jones MGRM
STREET ADDRESS 4923 W. 90th Street
CITY - ST - ZIP Prairie Village, KS 66207

TITLE Member
NAME Linda L. Jones MGRM
STREET ADDRESS 4923 W. 90th Street
CITY - ST - ZIP Prairie Village, KS 66207

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10. ADDITIONS/CHANGES
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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:  Linda L. Jones

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

Date

(913) 491-0056

Daytime Phone #