

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003324

1. Entity Name
KC2 NAPLES, LLC

Principal Place of Business
C/O R. SCOTT PRICE, ESQ.
2640 GOLDEN GATE PARKWAY, SUITE 315
NAPLES FL 34105

Mailing Address
C/O R. SCOTT PRICE, ESQ.
2640 GOLDEN GATE PARKWAY, SUITE 315
NAPLES FL 34105-3203

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number ☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PRICE, R. SCOTT ESQ.
C/O KELLY, PRICE, ET AL
2640 GOLDEN GATE PARKWAY, SUITE 315
NAPLES FL 34105

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 _____ (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 STREET ADDRESS CITY-ST-ZIP	MGRM SLAVEN, JAMES D TRUSTEE 12122 MELROSE OVERLAND PARK KS 66213	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLAVEN, DONNA S TRUSTEE 12122 MELROSE OVERLAND PARK KS 66213	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILKERSON, KEITH L 311 N.E. LANDINGS DRIVE LEE'S SUMMIT MO 64064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BORDNER-WILKERSON, CATHERINE A 311 N.E. LANDINGS DRIVE LEE'S SUMMIT MO 64064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, RICHARD L 4300 N.E. HOIT DRIVE LEE'S SUMMIT MO 64064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, GISELE K 4300 N.E. HOIT DRIVE LEE'S SUMMIT MO 64064	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James D. Slaven
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/30/00 (913) 851-3694
Date Daytime Phone #

APPROVED
AND
FILED

00 APR -3 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4118



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)