

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003324**

1. Entity Name
KC2 NAPLES, LLC

FILED

01 AUG 10 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business

3. Mailing Address

Cathie Bordner
Suite, Apt. #, etc.
311 NE Landings Dr.
City & State
Lee's Summit, Mo.

Suite, Apt. #, etc.

City & State

Zip
64064 Country
JACKSON

Zip Country

DO NOT WRITE IN THIS SPACE
59-3586875

4. FEI Number **APPLIED FOR** 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

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

Name **PRICE, R. Scott, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
821 Fifth Avenue South, Suite 201
City **Naples** FL Zip Code **34102**

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 **R. Scott Price**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/6/01
DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001**

**000004534700--2
-08/14/01--01092--027
*****50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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: **CATHERINE A. WILKERSON BORDNER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date **8/2/01** Daytime Phone **813-898-**

CR2E083 (5/01)