2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2002 8:00 am DOCUMENT # L9900003324 **Secretary of State** 1. Entity Name 01-31-2002 90030 050 ****50.00 KC2 NAPLES, LLC Principal Place of Business Mailing Address เอกจิก CATHIE BORDNER CATHIE BORDNER 311 N.E. LANDINGS DRIVE 311 N.E. LANDINGS DRIVE LEE'S SUMMIT MO 64064 LEE'S SUMMIT MO 64064 2. Principal Place of Business 3. Mailing Address Cathie Bordner Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 311 NE City & State City & State 4. FEI Number Applied For 59-3586875 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box ckson Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRICE, R. SCOTT ESQ. Street Address (P.O. Box Number is Not Acceptable) 821 FIFTH AVNEUE SOUTH, SUITE 201 NAPLES FL 34102 City 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 Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Delete TITLE ☐ Change Addition SLAVEN, JAMES D TRUSTEE NAME NAME STREET ADDRESS 12122 MELROSE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OVERLAND PARK KS 66213** MGRM ☐ Change ☐ Addition TITLE Delete TITLE SLAVEN, DONNA S TRUSTEE NAME NAME STREET ADDRESS STREET ADDRESS 12122 MELROSE CITY-ST-ZIP **OVERLAND PARK KS 66213** CITY-ST-ZIP MGRM TITLE ☐ Chânge ☐ Addition TITLE ☐ Delete WILKERSON, KEITH L NAME NAME STREET ADDRESS STREET ADDRESS 311 N.E. LANDINGS DRIVE CITY-ST-ZIP CITY-ST-ZIP LEE'S SUMMIT MO 64064 MGRM ☐ Addition ☐ Change Delete TITI E TITI E BORDNER-WILKERSON, CATHERINE A NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

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SIGNATURE:

311 N.E. LANDINGS DRIVE

LEE'S SUMMIT MO 64064

DAVIS, RICHARD L

DAVIS, GISELE K

4300 N.E. HOIT DRIVE

4300 N.E. HOIT DRIVE

LEE'S SUMMIT MO 64064

LEE'S SUMMIT MO 64064

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