

2001 UNIFORM BUSINESS REPORT (UBR)

0030804 AB

DOCUMENT # M00000000236

1. Entity Name

VIRGINIA PROPERTIES L.L.C.

FILED

01 JAN 19 PM 3:46

Principal Place of Business Mailing Address

603 S. CEDAR LAKE DRIVE
COLUMBIA MO 65203

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COLUMBIA MO 65203

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1847624

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PERKINS, CHRISTINE

% WHITE SANDS PROPERTY MANAGEMENT, INC.

907 KLOSTERMAN RD., EAST

TARPON SPRINGS FL 34689

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

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/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGRM KOUKOLA, PETER
STREET ADDRESS 603 S. CEDAR LAKE DRIVE
CITY-ST-ZIP COLUMBIA MO 65203

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
MGRM KOUKOLA, CHRISTINE
STREET ADDRESS UNIVERISTY OF MISSOURI-COLUMBIA, UNIV. REL
CITY-ST-ZIP COLUMBIA MO 65211

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 603 S. CEDAR LAKE DR
CITY-ST-ZIP COLUMBIA MO 65203

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 #

1-15-01 573 443 2352

CR2E083 (11/00)