

2001 UNIFORM BUSINESS REPORT (UBR)

0030817 AB

DOCUMENT # M00000001697

1. Entity Name
SNOWFLAKE HAVEN, LLC

FILED
01 FEB 27 AM 10:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

619 SW WEBSTER
TOPEKA KS 66606

Mailing Address

619 SW WEBSTER
TOPEKA KS 66606

2. Principal Place of Business

619 Sw Webster
Suite, Apt. #, etc.

3. Mailing Address

619 Sw Webster
Suite, Apt. #, etc.

City & State

TOPEKA KS

City & State

TOPEKA KS

Zip

66606

Country

SNOWFLAKE

Zip

66606

Country

SNOWFLAKE

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

STARK, WILLIAM R
5975 TERRACE PARK DRIVE NORTH #310
ST PETERSBURG FL 33709

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

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

500003803465-3
-03/07/01--01003--022
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
William R. Stark
619 Sw Webster
Topeka, Kansas 66606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

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

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

TITLE
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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: William R. Stark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-5-2001 (785)
232-7219
Date Daytime Phone #

CR2E083 (11/00)