

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002273

1. Entity Name
EVEREST FLORIDA LLC

Principal Place of Business
5555 WINGHAVEN BLVD.
OFALLON MI 63366

Mailing Address
5555 WINGHAVEN BLVD.
OFALLON MI 63366

2. Principal Place of Business

5555 Winghaven Blvd
Suite, Apt. #, etc.

3. Mailing Address

5555 Winghaven Blvd
Suite, Apt. #, etc.

City & State
O'Fallon, MO

Zip
63366

Country
USA

City & State
O'Fallon, MO

Zip
63366

Country
USA

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME EVEREST CONNECTIONS CORPORATION
STREET ADDRESS 5555 WINGHAVEN BLVD.
CITY-ST-ZIP OFALLON MI 63366 ☐ Delete

TITLE PCD
NAME Moffit, Jim A.
STREET ADDRESS 5555 Winghaven Blvd
CITY-ST-ZIP O'Fallon, MO 63366 ☐ Delete

TITLE VS
NAME Howard, David
STREET ADDRESS 5555 Winghaven Blvd.
CITY-ST-ZIP O'Fallon, MO 63366 ☐ Delete

TITLE VD
NAME Barr, Shayne B.
STREET ADDRESS 5555 Winghaven Blvd.
CITY-ST-ZIP O'Fallon, MO 63366 ☐ Delete

TITLE VD
NAME Stoneburner, Sean
STREET ADDRESS 5555 Winghaven Blvd.
CITY-ST-ZIP O'Fallon, MO 63366 ☐ Delete

TITLE V
NAME Schultz, Ray
STREET ADDRESS 5555 Winghaven Blvd.
CITY-ST-ZIP O'Fallon, MO 63366 ☐ Delete

10. ADDITIONS/CHANGES

TITLE VD
NAME Morrison, Charles
STREET ADDRESS 5555 Winghaven Blvd.
CITY-ST-ZIP O'Fallon, MO 63366 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003746524--8
-02/21/01--01126--015
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

TITLE
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

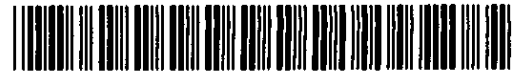
Date

Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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