

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M02000003306

1. Entity Name

AQUILA LAKE LAND COMPANY, LLC



FILED

03 APR 29 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20 W. 9th Street

Suite, Apt. #, etc.

3. Mailing Address

20 W. 9th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Kansas City, MO

City & State

Kansas City, MO

4. FEI Number

Applied For

☒ Not Applicable

Zip

64105

Country

USA

Zip

64105

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City Tallahassee

FL

Zip Code
32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Manager
Michael G. Jonagan
20 W. 9th Street
Kansas City, MO 64105

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300017307053

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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:

Michael G. Jonagan

Michael G. Jonagan

4-25-03

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

Date

Daytime Phone #

CR2E083B (12/02)



CORPORATION SERVICE COMPANY™

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 071245 4350171

AUTHORIZATION :

Patricia Pizub

COST LIMIT : \$ 50.00

ORDER DATE : April 28, 2003

ORDER TIME : 10:18 AM

ORDER NO. : 071245-010

CUSTOMER NO: 4350171

CUSTOMER: Ms. Beth Van De Vyvere
Aquila, Inc.
20 West Ninth Street
Mail Stop 3-122
Kansas City, MO 64105

DIVISION OF CORPORATION

03 APR 29 PM 12:06

RECEIVED

ANNUAL REPORT FILING

NAME: AQUILA LAKE LAND COMPANY, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 1155

EXAMINER'S INITIALS: _____