

2001 UNIFORM BUSINESS REPORT (UBR)

0029491 AF

DOCUMENT # M96000000026

1. Entity Name

GUIDEONE TAYLOR BALL CONSTRUCTION SERVICES, L.L.

FILED

01 FEB -5 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6100 THORNTON AVENUE, SUITE 200A
WEST DES MOINES IA 50321

Mailing Address

6100 THORNTON AVENUE, SUITE 200A
WEST DES MOINES IA 50321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

42-1437309

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

600003675656--1
-02/13/01--01011--012
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME BALL, DARRYL
STREET ADDRESS 6000 WESTOWN PARKWAY
CITY-ST-ZIP WEST DE MOINES IA

TITLE MGRM ☐ Change ☒ Addition
NAME Phyllis Campbell
STREET ADDRESS 6100 Thornton Ave Suite 200A
CITY-ST-ZIP Des Moines, IA 50321

TITLE MGRM ☐ Delete
NAME TAYLOR, JACK
STREET ADDRESS 6000 WESTOWN PARKWAY, SUITE 210W
CITY-ST-ZIP WEST DES MOINES IA 50266

TITLE MGRM ☐ Change ☒ Addition
NAME Mike Carlstrom
STREET ADDRESS 6100 Thornton Ave Suite 200A
CITY-ST-ZIP Des Moines, IA 50321

TITLE MGRM ☒ Delete
NAME LUNDBERG, TOMMY
STREET ADDRESS 6000 WESTOWN PKWAY., SUITE 210W
CITY-ST-ZIP WEST DES MOINES IA 50266

TITLE MGRM ☒ Change ☐ Addition
NAME Taylor, Jack
STREET ADDRESS 6100 Thornton Ave Suite 200A
CITY-ST-ZIP Des Moines, IA 50321

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (11/00)