

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000438

1. Entity Name

TAYLOR BALL CONSTRUCTION MANAGEMENT, L.C.

Principal Place of Business

6100 THORNTON AVENUE, SUITE 200
DE MOINES IA 50321

Mailing Address

6100 THORNTON AVENUE, SUITE 200
DE MOINES IA 50321

01 AUG -7 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6100 Thornton Avenue

Suite, Apt. #, etc.

Suite 200

City & State

Des Moines, Iowa

Zip

50321

Country

USA

3. Mailing Address

6100 Thornton Avenue

Suite, Apt. #, etc.

Suite 200

City & State

Des Moines, Iowa

Zip

50321

Country

USA

4. FEI Number

42-1449109

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
Due By September 26, 2001

800004527728--4
-08/09/01--01081--022
*****50.00 *****50.00

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME TAYLOR, JACK P
STREET ADDRESS 6100 THORNTON AVENUE, SUITE 200
CITY-ST-ZIP DE MOINES IA 50321

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Des Moines, Iowa 50321
CITY-ST-ZIP

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

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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

Manager

8/3/2001

(515) 471-4747

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

Date

Daytime Phone #

CR2E083 (5/01)