

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003299

1. Entity Name

SEACREST BEACH LAGOON, LLC

Principal Place of Business

5399 EAST COUNTY HIGHWAY 30-A, BOX 190
SANTA ROSA BEACH FL 32459

Mailing Address

5399 EAST COUNTY HIGHWAY 30-A, BOX 190
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

67 Seacrest Beach Blvd, East

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

City & State

Zip

32413

Country

USA

Country

4. FEI Number

59-3664445

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRI, DANIEL C
5 CLIFFORD DRIVE, SUITE 12
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

Name Franklin H. Watson, P.A.

Street Address (P.O. Box Number is Not Acceptable)
5365 E. County Hwy 30-A

Suite 105

City

Seagrove Beach

FL

Zip Code
32459

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

(NOTE: Registered Agent signature required when reinstating)

4/25/02
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BARTON, PETER J
STREET ADDRESS 5399 EAST COUNTY HIGHWAY 30-A, BOX 190
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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]
Peter J. Barton, MGR REQUIRED

4/19/02

850-231-3700

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

Date

Daytime Phone #

CR2E083 (9/01)



DO NOT WRITE IN THIS SPACE

FILED

02 MAY 13 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA