

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **LOG000003457**

1. Entity Name  
**RAM BUILDERS OF DESTIN, L.L.C.**

FILED

01 MAY -3 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**4074 INDIAN TRAIL  
DESTIN FL 32541**

Mailing Address  
**4074 INDIAN TRAIL  
DESTIN FL 32541**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4074 Indian Trail**  
Suite, Apt. #, etc.

3. Mailing Address

**4074 Indian Trail**  
Suite, Apt. #, etc.

City & State

**Destin FL**

City & State

**Destin FL**

4. FEI Number

**59-3636421**

Applied For

Not Applicable

Zip

**32541**

Country

**OKlaas**

Zip

**32541**

Country

**OKlaas**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WHITEHEAD, R. SCOTT  
4507 FURLING LANE, SUITE 209  
DESTIN FL 32451**

7. Name and Address of New Registered Agent

Name: **Rice, Thomas Edward**  
Street Address (P.O. Box Number is Not Acceptable)

**4074 Indian Trail**  
City: **Destin** FL Zip Code: **32541**

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 **Thomas R S**

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

(NOTE: Registered Agent signature required when reinstating)

**5/1/2001**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE: **Managing Partner** ☐ Delete  
NAME: **Thomas Edward Rice**  
STREET ADDRESS: **4074 Indian Trail**  
CITY-ST-ZIP: **Destin FL**

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: **Managing member** ☒ Change ☐ Addition  
NAME: **Thomas Edward Rice**  
STREET ADDRESS: **4074 Indian Trail**  
CITY-ST-ZIP: **Destin FL 32541**

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

TITLE: ☐ Change ☐ Addition  
NAME: **400004325734--4**  
STREET ADDRESS: **-05/29/01--01125--001**  
CITY-ST-ZIP: **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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

TITLE: ☐ Change ☐ Addition  
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: **Thomas R S**

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

Date

Daytime Phone #

**5/1/2001**

CR2E083 (11/00)