

2001 UNIFORM BUSINESS REPORT (UBR)

000 271 AF

DOCUMENT # L00000005038

1. Entity Name

SEACREST INVESTMENTS OF NORTHWEST FLORIDA, L.L.C

FILED

01 APR 30 PM 6:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

40001 EMERALD COAST PARKWAY
DESTIN FL 32541

Mailing Address

40001 EMERALD COAST PARKWAY
DESTIN FL 32541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3661720

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

HAWKINS, JOHN W ESQ
MATTHEWS & HAWKINS, P.A.
607 HWY 98 EAST
DESTIN FL 32541

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.

(NOT) Registered Agent signature required when reinstating

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SEACREST VENTURES, INC.
40001 EMERALD COAST PARKWAY
DESTIN FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
Seacrest Development C.D. INC.
276 Marwood Dr
Birmingham AL 35244 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500004216773-4
-05/15/01--01047--010
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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

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: Mike Adkinson 2/2/1 8506647211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)