

# 2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005932

1. Entity Name  
Carabelle Development Company LLC

Principal Place of Business Mailing Address  
260 Timber Island Rd PO 613  
Carabelle FL 32322 Carabelle FL 32322

2. Principal Place of Business 260 Timber Island Rd  
Suite, Apt. #, etc. PO 613  
3. Mailing Address Carabelle FL 32322  
Suite, Apt. #, etc.

City & State City & State  
Carabelle FL  
Zip Country Zip Country  
32322 US

4. FEI Number Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

Burke, Les W Esq.  
Dunkert Blue PA  
221 McKenzie Ave  
Panama City FL 32401 US

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City 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

200004739252--5  
-12/26/01--01069--013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS / MEMBERS

TITLE NAME ☐ Delete  
4458 Ocean View Drive  
CITY-ST-ZIP Destin, FL 32541

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☒ Addition  
Co Manager  
Nell Schnitzer  
CITY-ST-ZIP PO 613 Carabelle FL 32322

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

Nell Schnitzer Co Manager

12/17/01

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

Date

Daytime Phone #

FILED

01 DEC 17 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)

AMENDED  
UBR

BK

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC 17 PM 1:49

FILED