

2001 UNIFORM BUSINESS REPORT (UBR)

0008990 AF

DOCUMENT # L00000006463

1. Entity Name
DESTIN GAS GROUP I, L.L.C.

FILED

01 MAY -2 PM 6:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1241 AIRPORT ROAD
SUITE B
DESTIN FL 32541

Mailing Address

1241 AIRPORT ROAD
SUITE B
DESTIN FL 32541

2. Principal Place of Business

2905 THOMAS DRIVE

3. Mailing Address

34876 EMERALD COAST PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH, FL

City & State

DESTIN, FL

Zip

32405

Country

USA

Zip

32541

Country

USA

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

JOHNSON, MELISSA E
151-6A REGIONS WAY
DESTIN FL 32541

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 NO. WILL FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME PHILLIPS, RUPERT E
STREET ADDRESS 1713 GRAND SYCAMORE LANE
CITY-ST-ZIP BAKER FL 32531

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MEMBER
NAME CHARLES W. CLARY
STREET ADDRESS P.O. Box 778
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE MEMBER
NAME CHARLES W. CLARY III
STREET ADDRESS P.O. Box 778
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE MEMBER
NAME WILLIAM MCKELVY
STREET ADDRESS P.O. Box 217
CITY-ST-ZIP BAKER, FL 32531

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: CHARLES W. CLARY 4-30-01 (850) 654-5251

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

Date

Daytime Phone #

CR2E083 (11/00)