

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006837

1. Entity Name

DESTIN GAS GROUP II, L.L.C.

Principal Place of Business

1211 AIRPORT ROAD
SUITE 419
DESTIN FL 32541

Mailing Address

34070 EMERALD COAST PKWY.
DESTIN FL 32541

2. Principal Place of Business

1217 AIRPORT ROAD

Suite, Apt. #, etc.

SUITE 419

City & State

DESTIN FL

Zip

32541

Country

OKALOOSA

3. Mailing Address

1217 AIRPORT ROAD

Suite, Apt. #, etc.

SUITE 419

City & State

DESTIN FL

Zip

-32541

Country

OKALOOSA

4. FEI Number

37-143981

APPLIED FOR

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

RUPERT E. PHILLIPS

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

1217 AIRPORT ROAD

Suite 419

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

Rupert E. Phillips RUPERT E. PHILLIPS

1-29-02

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	<input type="checkbox"/> Delete
NAME	PHILLIPS, RUPERT E	
STREET ADDRESS	1713 GRAND SYCAMORE LANE	
CITY-ST-ZIP	BAKER FL 32531	
TITLE	MEM	<input checked="" type="checkbox"/> Delete
NAME	CLARY, CHARLES W	
STREET ADDRESS	P.O. BOX 778	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	MEM	<input checked="" type="checkbox"/> Delete
NAME	CLARY, CHARLES W III	
STREET ADDRESS	P.O. BOX 778	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	MEM	<input type="checkbox"/> Delete
NAME	MCKELVY, WILLIAM	
STREET ADDRESS	P.O. BOX 217	
CITY-ST-ZIP	BAKER FL 32531	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.

SIGNATURE:

Rupert E. Phillips RUPERT E. PHILLIPS

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

1-29-02

Date

(850) 650-5201

Daytime Phone #

FILED

Jul 23, 2002 8:00 am
Secretary of State

05-13-2002 90211 045 ****50.00

CR2E083 (9/01)