

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90211 047 ****50.00

DOCUMENT-# LO0000007356

1. Entity Name

DESTIN GROUP PALACE I, LLC

Principal Place of Business

**34876 EMERALD COAST PARKWAY
 DESTIN FL 32541**

Mailing Address

**34876 EMERALD COAST PARKWAY
 DESTIN FL 32541**

301102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1217 Airport Road

1217 Airport Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 419

Suite 419

City & State

City & State

Destin, FL

Destin, FL

Zip

Zip

32541

32541

Country

Country

USA

USA

4. FEI Number

59-3671192

Applied For

Not Applicable

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

PHILLIPS, RUPERT E

**34876 EMERALD COAST PARKWAY
 DESTIN FL 32541**

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

4-29-02

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **PHILLIPS, RUPERT E**
 STREET ADDRESS **34876 EMERALD COAST PARKWAY**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **MGR** ☒ Change ☐ Addition
 NAME **Phillips, Rupert E**
 STREET ADDRESS **1217 Airport Rd Ste 419**
 CITY-ST-ZIP **Destin, FL 32541**

TITLE **MEM** ☒ Delete
 NAME **CLARY, CHARLES W**
 STREET ADDRESS **P.O. BOX 778**
 CITY-ST-ZIP **SHALIMAR FL 32579**

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

TITLE **MEM** ☒ Delete
 NAME **CLARY, CHARLES W III**
 STREET ADDRESS **P.O. BOX 778**
 CITY-ST-ZIP **SHALIMAR FL 32579**

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

TITLE **MEM** ☐ Delete
 NAME **MCKELVY, WILLIAM**
 STREET ADDRESS **P.O. BOX 217**
 CITY-ST-ZIP **BAKER FL 32531**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Rupert E Phillips
SIGNATURE REQUIRED MANAGER

4-29-02 (850) 650-5201

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

Date

Daytime Phone #

CR2E083 (9/01)