

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007593

1. Entity Name  
TIDEWATER BEACH EAST DEVELOPMENT, L.L.C.

Principal Place of Business  
1322 MIRACLE STRIP PARKWAY SE  
FT WALTON BEACH FL 32548

Mailing Address  
P.O. BOX 1570  
FT WALTON BEACH FL 32549

FILED

01 APR 26 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3666799

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

WALTERS, ELIZABETH J ESQ  
BURKE & BLUE PA  
221 MCKENZIE AVE  
PANAMA CITY FL 32401

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Delete  
STREET ADDRESS DEAL LAND AND MINERALS, L.L.C.  
CITY-ST-ZIP 208 HOOD AVE  
FT WALTON FL 32549

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

TITLE NAME MGRM ☐ Delete  
STREET ADDRESS KLEIN, HERMAN F JR  
CITY-ST-ZIP 806 BALL ST  
PERRY GA 31069

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 200004194032-3-1  
CITY-ST-ZIP -05/10/01--01115--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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

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

4/18/01

Date

(850) 581-5271

Daytime Phone #

CR2E083 (11/00)