

2001 UNIFORM BUSINESS REPORT (UBR)

0004069 AF

DOCUMENT # L00000007795

1. Entity Name
STERLING BEACH DEVELOPMENT GROUP, LLC

FILED
01 MAY -3 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
34851 EMERALD COAST PARKWAY, SUITE 150
DESTIN FL 32541

Mailing Address
34851 EMERALD COAST PARKWAY, SUITE 150
DESTIN FL 32541

2. Principal Place of Business
Suite, Apt. #, etc.
6633 THOMAS DRIVE
City & State
PANAMA CITY BEACH, FL
Zip
32408

3. Mailing Address
Suite, Apt. #, etc.
City & State
City
Country
Zip

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3659083

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

6. Name and Address of Current Registered Agent
RUNNELS, DAVAGE J
36468 EMERALD COAST PARKWAY, SUITE 2201
DESTIN FL 32541

7. Name and Address of New Registered Agent
Name
RUNNELS, DAVAGE J III
Street Address (P.O. Box Number is Not Acceptable)
36468 EMERALD COAST PKWY
BLDG II, SUITE 2101
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.
(ADDRESS CHANGE + NAME)
CORRECTION ONLY

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

000004336810--9
-05/31/01--01093--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORNERSTONE DEVELOPMENT GROUP, INC. 34851 EMERALD COAST PARKWAY, SUITE 150 DESTIN FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CORNERSTONE DEVELOPMENT GROUP, INC.
SIGNATURE: By SIGNING REPRESENTATIVE: JOHN A MCNEIL JR 04/30/01 850-650-9933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)