

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0004147 AF

DOCUMENT # L00000010055

1. Entity Name

FIDDLER'S COVE DEVELOPMENT COMPANY, L.L.C.

01 APR 23 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1322 MIRACLE STRIP PKWY.. SE  
FT. WALTON BEACH FL 32548

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3666792

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

WALTERS, ELIZABETH J  
221 MCKENZIE AVENUE  
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.C.  
CITY-ST-ZIP 208 HOOD AVENUE  
FT. WALTON FL 32548

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 7000004134387-1  
CITY-ST-ZIP -05/03/01--01116--022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM ☐ Delete  
STREET ADDRESS KLEIN, HERMAN F JR.  
CITY-ST-ZIP 906 BALL ST., SUITE 10  
PERRY GA 31069

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

TITLE NAME MGRM ☒ Delete  
STREET ADDRESS THURMAN, MARK M  
CITY-ST-ZIP P.O. BOX 1570  
FT. WALTON BEACH FL 32549

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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TITLE NAME ☐ Delete  
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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.

Fiddler's Cove Development Company L.L.C. by Vic Deal, Managing Member

SIGNATURE:

SIGNATURE REQUIRED

4/18/01

(850) 531-5271

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

Date

Daytime Phone #

CR2E083 (11/00)