## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 19, 2002 8:00 am Secretary of State 05-27-2002 90406 006 \*\*\*\*50.00

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S.S. MINNOW OF DESTIN HARBOR, L.C.

Principal Place of Business Mailing Address				***						
FT WALTON BEACH FL 32548  111 YACHT CLUB DR. FT WALTON BEACH FL 32548  FT WALTON BEACH FL 32548			548							
						I ISBN PIN BU BARA HAN ARE				
Principal Place of Business     Mailing Address										
Suite Apt. #, etc. Suite, Apt. #, etc. City & State City & State					DO NOT WRITE IN THIS SPACE					
			City & State			4. FEI Number			Applied For	
Zip	Country	Zip		Country	5. 0	Certificate of Status Desire	ed 🗋	\$5.00 A	Not Applicab	le
	6. Name and Address of Cur	rent Registered	rent Registered Agent			7. Name and Address of New Registered Agent				
<b>11</b>	HELLEY, G. GLENN 1 YACHT CLUB DR. 1 WALTON BEACH FL 32548	· · ·		Street A		ox Number is Not Accept	·.· ·			
				City			FL	Zip Co		$\dashv$
6. The above	e named entity submits this stateme	nt for the purpo	se of changing its r	anistered office or	ragintered con	and an heath death a form				4
:				ogistor oo omice or	registeren age	int, or both, in the State of	Florida.			
SIGNATURE	Signature, typed or printed name of registered a	non and title if empli	and a contract							
				Registered Agent signatu		nstating)	DATE			_
			FILE NO! take Check Paya	Will FEE IS \$						1
		"	Due	By May 1, 2002	nem or state	'				
9.	MANAGING MEI	MBERS/MANAC		10.		ADDITION	S/CHANGES			_
TITLE	MGRM		☐ Delete	TITLE		ADDITION	15/CHANGES	☐ Change	☐ Addition	Ⅎɕ
NAME STREET ADDRESS	SHELLEY, G. GLENN			NAME				C CHange		CR2E083 (9/01)
CITY-ST-ZIP	111 YACHT CLUB DR.	40		STREET ADDRESS						8
TITLE	FT WALTON BEACH FL 325	48	No	CITY-ST-ZIP			<del></del>			78
NAME	SMITH, TIMOTHY E		Delete	TITLE NAME				Change	☐ Addition	15
STREET ADDRESS	1 BEAL PKWY.			STREET ADDRESS						1
CITY-ST-ZIP	FT WALTON BEACH FL 325	48		CITY-ST-ZIP						
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NAME STREET ADDRESS				NAME	_ `			المراسية الماري	— Managari	
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TREET ADDRESS			ľ	NAME			•			
CITY-ST-ZIP				STREET ADDRESS			,		į	
	ortify that the information are all - d			CITY-ST-ZIP					ļ	

Theraby 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 arm 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.