

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90207 024 *****55.00

DOCUMENT # L01000005654

1. Entity Name

C&S PROPERTIES OF DESTIN, LLC

Principal Place of Business

**92 MARINER WAY
 DESTIN FL 32550**

Mailing Address

**92 MARINER WAY
 DESTIN FL 32550**

2. Principal Place of Business

18655 US Hwy 331 S
 Suite, Apt. #, etc.

3. Mailing Address

18655 US Hwy 331 S
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Freeport FL

City & State

Freeport FL

4. FEI Number

59-3719548

Applied For

Not Applicable

Zip

32439

Country

Walton

Zip

32439

Country

Walton

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCGILL, ROBERT E III
 36008 EMERALD COAST PARKWAY, SUITE 301
 DESTIN FL**

7. Name and Address of New Registered Agent

Name **Richard A. Faulkner**
 Street Address (P.O. Box Number is Not Acceptable)
18655 US Hwy 331 S
 City **Freeport** FL Zip Code **32439**

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

Richard A. Faulkner Mgr.

3-21-02

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

TITLE **MGR** ☐ Delete
 NAME **ANDERSON FAULKNER, RICHARD**
 STREET ADDRESS **351 SAILFISH DRIVE**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **MGR** ☐ Delete
 NAME **GURR, BILLY ERIC**
 STREET ADDRESS **92 MARINER WAY**
 CITY-ST-ZIP **DESTIN FL 32550**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Mgr** ☒ Change ☐ Addition
 NAME **Richard Anderson Faulkner**
 STREET ADDRESS **18655 US Hwy 331 S**
 CITY-ST-ZIP **Freeport FL 32439**

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

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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:

Richard A. Faulkner **Richard A. Faulkner** **3-21-02** **850-835-4606**

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

Date

Daytime Phone #

CR2E083 (9/01)