

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90035 027 ****50.00

DOCUMENT # L01000006229

1. Entity Name

DESTIN SAILING CHARTERS, LLC

Principal Place of Business

**210 HIGHWAY 98 EAST
 DESTIN FL 32541**

Mailing Address

**PO BOX 722
 DESTIN FL**

2. Principal Place of Business

288 Highway 98 EAST

3. Mailing Address

(SAME AS ABOVE)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Zip

Country

32541

OKALOOSA

Zip

Country

4. FEI Number

593722669

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HULL, JASON R
 415 MOUNTAIN DRIVE
 MILLER & ASSOCIATES
 DESTIN FL 32541**

7. Name and Address of New Registered Agent

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **HOUSE, LARRY G**
 STREET ADDRESS **955 AIRPORT ROAD #1613**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **MGR** ☐ Delete
 NAME **HOUSE, KATHLEEN J**
 STREET ADDRESS **19218 ST. ALBANS VALLEY DRIVE**
 CITY-ST-ZIP **WILDWOOD MI 63038**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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 **HOUSE, LARRY G**
 STREET ADDRESS **405 CALHOUN AVE**
 CITY-ST-ZIP **DESTIN, FL. 32541**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CR2E083 (9/01)

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: Larry G. House, mgr

4/9/02

850 226 0031

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

Date

Daytime Phone #