

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

01-28-2002 90026 042 ****50.00

DOCUMENT # L01000018303

1. Entity Name

PETERSON PROPERTIES, LLC

Principal Place of Business

**321 HIGHWAY 98 EAST
DESTIN FL 32541**

Mailing Address

**321 HIGHWAY 98 EAST
DESTIN FL 32541**

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

01-0668178

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

**PETERSON, DALE E
 321 HIGHWAY 98 EAST
 DESTIN FL 32541**

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM PETERSON, DALE E 321 HIGHWAY 98 EAST DESTIN FL 32541	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

1/14/02 850 634 4747

CR2E083 (9/01)

attach# 26825 L01000018303

Form **SS-4**

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **01-0668178**

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested PETERSON PROPERTIES, LLC.		
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name	
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 321 Hwy 98 E		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code Destin, FL 32541		5b City, state, and ZIP code
	6 County and state where principal business is located Okaloosa, FLORIDA		
	7a Name of principal officer, general partner, grantor, owner, or trustor Dale E. Peterson		7b SSN, ITIN, or EIN 138-46-1917
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated			
State		Foreign country	
9 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ▶ Real Estate <input type="checkbox"/> Hiring employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year) Jan 01, 2002		11 Closing month of accounting year December	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-."			
Agricultural		Household	Other
<input checked="" type="checkbox"/> 0		<input checked="" type="checkbox"/> 0	<input checked="" type="checkbox"/> 0
14 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Commercial Leasing.			
16a Has the applicant ever applied for an employer identification number for this, or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.			
Legal name ▶ DALE E. PETERSON VACATIONS		Trade name ▶ Destin Roseale Inc	
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.			
Approximate date when filed (mo., day, year) N/A		City and state where filed Previous EIN	

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name Tiffany Foster		Designee's telephone number (include area code) (850) 275-7756 x306
	Address and ZIP code 40 Hill Ave., Suite 101 Ft. Walton Beach, FL 32548		Designee's fax number (include area code) (850) 796-0034

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **Dale E. Peterson**

Signature ▶ *[Signature]*

Date ▶ **2/15/02**

Applicant's telephone number (include area code)
(850) 654-4747

Applicant's fax number (include area code)
(850) 796-0034

attach # 26825 0010000018303

DESTIN RESORTS, INC.
D/B/A
DALE E. PETERSON VACATIONS

FACSIMILE TRANSMITTAL SHEET

TO: Attention - EIN Operation FROM: Tiffany Foster - Comptroller
COMPANY: Internet Revenue Service DATE: 2/26/02 - ~~last~~ ~~no~~ ~~sent~~
FAX NUMBER: 631-447-8960 / TOTAL NO. OF PAGES INCLUDING COVER: (2)
PHONE NUMBER: 816-816-2065 SENDER'S REFERENCE NUMBER:
RE: SS-4 / EIN Application YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Please process the attached application
for EIN Number on form SS-4.

Thank you.

* Second Request 4/19/02 *

Please rush!!

321 HWY 98 E. DESTIN, FL 32541
40 HILL AVE. SUITE 101 FT. WALTON BEACH, FL 32548
PH - 850-654-4747 FAX - 850-794-0034

TX ORIGINAL

28-50392

FILE NO. 083
DATE 04.19.11:35
TO 016314478960--2946
DOCUMENT PAGES 3
START TIME 04.19.11:36
END TIME 04.19.11:37
PAGES SENT 3
STATUS OK

TIME 04-19-02 11:38
TEL NO. 1 85079660034
NAME : DALE E PETERSON VAC.

MEMORY TRANSMISSION REPORT

attach # 26 825 L01000018303

DESTIN RESORTS, INC.
D/B/A
DALE E. PETERSON VACATIONS

FACSIMILE TRANSMITTAL SHEET

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COMPANY:	Internal Revenue Service	DATE:	2/26/02
FAX NUMBER:	631-447-8960	TOTAL NO. OF PAGES INCLUDING COVER:	(2)
PHONE NUMBER:	866-816-2065	SENDER'S REFERENCE NUMBER:	
RE:	SS-4 / EIN Application	YOUR REFERENCE NUMBER:	

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40 HILL AVE. SUITE 101 FT. WALTON BEACH, FL 32548
PH - 850-654-4747 FAX - 850-796-0034

TX ORIGINAL

FILE NO.	802
DATE	02.26.14:30
TO	16314478960--2946
DOCUMENT PAGES	2
START TIME	02.26.14:30
END TIME	02.26.14:33
PAGES SENT	2
STATUS	OK

TIME : 02-26-'02 14:33
TEL NO. 1 : 8507960034
NAME : DALE E PETERSON VAC.

MEMORY TRANSMISSION REPORT