

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020466

1. Entity Name

THE GALLERIA OF DESTIN, L.L.C.

Principal Place of Business

1676-C MONTGOMERY HIGHWAY
BIRMINGHAM AL 35218

Mailing Address

POST OFFICE BOX 390605
BIRMINGHAM AL 35238

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7 Hazeltine Walk

Suite, Apt. #, etc.

City & State

B'Ham, AL

City & State

Zip

35842

Country

U.S.

Zip

Country

4. FEI Number

69-0004970

Applied For

Not Applicable

5. Certificate of Status Desired. ☐ ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUSTON, GARY W
125 W. ROMANA STREET, SUITE 800
PENSACOLA FL 32501

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 NAME STREET ADDRESS CITY-ST-ZIP
CRAIG G. KOLLARS ☐ Delete
7 HAZELTINE WALK
SHOAL CREEK, AL. 35242

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Member-Manager ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

4/30/02

Date

Daytime Phone #

205-995-8129

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-22-2002 90257 040 ****50.00



DO NOT WRITE IN THIS SPACE

CR2EC3 (9/01)