

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020466

1. Entity Name

THE GALLERIA OF DESTIN, L.L.C.



FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90019 033 *****50.00

Principal Place of Business

~~7 HAZELTINE WALK~~
~~BIRMINGHAM AL 35242~~

Mailing Address

POST OFFICE BOX 380605
BIRMINGHAM AL 35238

2. Principal Place of Business

CRAIG G KOLLARS
2521 RIVER TRACE CIRCLE
VESTAVIA HILLS, AL 35243

3. Mailing Address

P.O. Box 380605
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
BIRMINGHAM AL.

4. FEI Number **69-0004970**

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

35238

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **KOLLARS, CRAIG G**
STREET ADDRESS ~~7 HAZELTINE WALK~~
CITY-ST-ZIP ~~BIRMINGHAM AL 35242~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

MGRM
CRAIG G. KOLLARS ☒ Change ☐ Addition
2521 RIVER TRACE CIRCLE
VESTAVIA HILLS, AL 35243

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:

Craig G. Kollars
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/1/03 **205-**
972-9072

CR2E083 (10/02)

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