

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90052 008 ****50.00

DOCUMENT # L02000004342

1. Entity Name

VACATION IN SEAGROVE, LLC



Principal Place of Business

Mailing Address

221 EIDERDOWN DRIVE
FRANKLIN TN 37064

221 EIDERDOWN DRIVE
FRANKLIN TN 37064

2. Principal Place of Business

831 Brentwood Pt II
Suite, Apt. #, etc.

3. Mailing Address

831 Brentwood Pt II
Suite, Apt. #, etc.

City & State

Brentwood, TN

City & State

Brentwood, TN

4. FEI Number

01-0612922

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BURKE, M. TODD
586 GRAND BLVD. SUITE 100
DESTIN FL 32550

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 HOLMES, CLIFFORD A
STREET ADDRESS 221 EIDERDOWN DRIVE
CITY-ST-ZIP FRANKLIN TN 37064

TITLE MGRM ☒ Delete
NAME GIBSON-HOLMES, SHELIA
STREET ADDRESS 221 EIDERDOWN DRIVE
CITY-ST-ZIP FRANKLIN TN 37064

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 Pres ☒ Change ☐ Addition
NAME Holmes, Clifford A
STREET ADDRESS 831 Brentwood Pt II
CITY-ST-ZIP Brentwood, TN 37027

TITLE VP & TREAS. ☒ Change ☐ Addition
NAME Shelia Gibson-Holmes
STREET ADDRESS 831 Brentwood Pt II
CITY-ST-ZIP Brentwood, TN 37027

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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

Date

Daytime Phone #

Shelia Gibson-Holmes 5-30-03 615-771-1260

CR2E083 (10/02)

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