

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 26, 2003 8:00 am
Secretary of State

09-26-2003 90003 020 ****50.00

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DOCUMENT # L02000010351

1. Entity Name
DESTIN HARBOR CHARTERS, LLC.



Principal Place of Business
**101 MONTERO WAY
DESTIN FL 32541**

Mailing Address
**P.O. BOX 1612
OWENSBORO KY 42302**

2. Principal Place of Business
1325 Western Lake Dr.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 4935
Suite, Apt. #, etc.

City & State
Watercolor, FL
Zip
32459 Country
US

City & State
Santa Rosa Beach, FL
Zip
32459 Country
US

4. FEI Number
82-0553809

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent
**MCGILL, ROBERT E III
36008 EMERALD COAST PARKWAY, SUITE 301
DESTIN FL 32541**

7. Name and Address of New Registered Agent
Name
Hunter Herman
Street Address (P.O. Box Number is Not Acceptable)
1325 Western Lake Drive
City
Watercolor FL Zip Code
32459

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 **Hunter Herman** DATE **9-22-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

\$0.00 **FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Pres, Sec Managing Member Hunter Herman 1325 Western Lake Drive Watercolor, FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Managing Brian G. Cowood Member 189-B North Maple Santa Rosa Beach, FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Hunter Herman** **SIGNATURE REQUIRED** **9-22-03** **850 5987011**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)