

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000572

1. Entity Name

BLUE MOUNTAIN BEACH ASSOCIATES, L.C.

APPROVED  
AND  
FILED

00 APR 30 AM 11:26

SECRETARY OF STATE  
FALLAHASSEE, FLORIDA

Principal Place of Business

35008 EMERALD COAST PARKWAY, SUITE 400  
DESTIN FL 32541

Mailing Address

35008 EMERALD COAST PARKWAY, SUITE 400  
DESTIN FL 32541-4753

2. Principal Place of Business

10065 US Hwy 98 West  
Suite, Apt. #, etc.  
Suite C-4

3. Mailing Address

10065 US Hwy 98 West  
Suite, Apt. #, etc.  
Suite C-4

City & State

Destin

City & State

Destin

Zip

FL

Country

32541

Zip

FL

Country

32541

4. FEI Number

59-3541099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FORBES, JAMIE V

35008 EMERALD COAST PARKWAY, SUITE 400  
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

Forbes, Jamie V

Street Address (P.O. Box Number is Not Acceptable)

10065 US Hwy 98 West

Suite C-4

City

Destin

FL

Zip Code

32541

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME RUTLAND FORBES COMPANY, INC.  
STREET ADDRESS 35008 EMERALD COAST PARKWAY, SUITE 400  
CITY- ST- ZIP DESTIN FL 32541 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
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CITY- ST- ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR  
NAME Rutland Forbes Company, Inc.  
STREET ADDRESS 10065 US Hwy 98 West  
CITY- ST- ZIP Destin FL 32541 ☒ 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 OR MANAGER

Date

Daytime Phone #

CR2000-000000