

2000 UNIFORM BUSINESS REPORT (UBR)

0016316 AB

DOCUMENT # L98000002071

1. Entity Name
SALRICH OF DESTIN, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -9 AM 11:26

Principal Place of Business
211 VILLAGE POINT DRIVE
BRECKINRIDGE CO 80424

Mailing Address
P.O. BOX 346
BRECKINRIDGE CO 80424-0346



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
88 GOLD KING WAY
Suite, Apt. #, etc.
BRECKENRIDGE, CO
City & State
80424
Zip
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 84-1477009
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DINWIDDIE, SHARON ESQ.
BURKE & BLUE, P.A.
221 MCKENZIE AVENUE
PANAMA CITY FL 32401

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ADAMS, RICHARD 211 VILLAGE POINT DRIVE BRECKINRIDGE CO 80424	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ADAMS, SANDRA A 211 VILLAGE POINT DRIVE BRECKINRIDGE CO 80424	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SCAMINACI, SALVATORE R 2718-TIMBERLEAF-DRIVE CARROLLTON TX 75006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SCAMINACI, MARGIE J 2718 TIMBERLEAF DRIVE CARROLLTON TX 75006	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 88 GOLD KING WAY
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 88 GOLD KING WAY
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition w/ 2/16/00 800003140628-5 -02/21/00--01013--013 *****50.00 *****50.00
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

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: Richard J. Adams **SIGNATURE REQUIRED** RICHARD J. ADAMS 1/08/00 (970) 453-3918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)