

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002071

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

Principal Place of Business
88 GOLDKING WAY
BRECKENRIDGE CO 80424

Mailing Address
P.O. BOX 346
BRECKENRIDGE CO 80424

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 84-1477009

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



FILED

01 MAY 14 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00000330 AB

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DINWIDDIE, SHARON ESQ.
BURKE & BLUE, P.A.
221 MCKENZIE AVENUE
PANAMA CITY FL 32401

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

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

000004418550--2
-06/14/01--01002--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ADAMS, RICHARD
88 GOLDKING WAY
BRECKENRIDGE CO 80424 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ADAMS, SANDRA A
88 GOLDKING WAY
BRECKENRIDGE CO 80424 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCAMINACI, SALVATORE R
2718 TIMBERLEAF DRIVE
CARROLLTON TX 75006 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCAMINACI, MARGIE J
2718 TIMBERLEAF DRIVE
CARROLLTON TX 75006 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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]

5/1/01

970-453-3918

CR2E083 (11/00)