

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002342**

1. Entity Name

TRANQUIL HARBOR DEVELOPERS, L.C.

APPROVAL
AND
FILED

01 APR 24 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

151 REGIONS WAY, BUILDING 1, SUITE A
DESTIN FL 32541

Mailing Address

151 REGIONS WAY, BUILDING 1, SUITE A
DESTIN FL 32541

2. Principal Place of Business

750 Highway 98 East

3. Mailing Address

P. O. Box 425

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Destin, FL

4. FEI Number

59-3547403

Applied For

Not Applicable

Zip

32541

Country

USA

Zip

32540

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEARMON, DELYS

151 REGIONS WAY, BUILDING 1, SUITE A
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

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

750 Highway 98 East

City

Destin

FL

Zip Code
32540

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

600004161896--2
-05/08/01--01058--012
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME **MGRM** ☐ Delete
STREET ADDRESS **DEARMON, DELYS**
CITY-ST-ZIP **151 REGIONS WAY, BUILDING 1, SUITE A**
DESTIN FL 32541

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS **750 Highway 98 East**
CITY-ST-ZIP **Destin, FL 32541**

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

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

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/16/01

Date

850 650 0017

Daytime Phone #

0004003 AF

CR2E083 (11/00)