

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002591

1. Entity Name

KING WILLIAM SHORES DEVELOPMENT, L.C.

FILED

2001 APR 27 PM 1:42

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

106 BENNING DRIVE, SUITE 9
DESTIN FL 32541

Mailing Address

PO BOX 183
DESTIN FL 32540

2. Principal Place of Business

130 S. Geronimo St., S

Suite, Apt. #, etc.

Ste. 5

City & State

Destin, FL

Zip

32550

Country

Walton

3. Mailing Address

P.O. Box 6397

Suite, Apt. #, etc.

City & State

Destin, FL

Zip

32550

Country

Walton

4. FEI Number

59-3552431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGILL, ROBERT E III

36008 EMERALD COAST PARKWAY, SUITE 301

DESTIN FL

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

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 NAME ☐ Delete

KING, JOHN A
4101 INDIAN BAYOU NORTH
DESTIN FL 32541

TITLE NAME ☐ Delete

SHORES, TIMM
217 CALHOUN AVE.
DESTIN FL 32541

TITLE NAME ☐ Delete

WILLIAMS, DAVID
4120 INDIAN TRAIL
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

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
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]

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

4/27/01

Date

850/837-4113

Daytime Phone #

CR2E083 (11/00)