

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90231 011 ****50.00

DOCUMENT # L98000002591

1. Entity Name

KING WILLIAM SHORES DEVELOPMENT, L.C.

Principal Place of Business

**130 S GERONIMO ST S
 STE 5
 DESTIN FL 32550**

Mailing Address

**PO BOX 6397
 DESTIN FL 32550**

2. Principal Place of Business

130 S. Geronimo St.

3. Mailing Address

P.O. Box 6773

Suite, Apt. #, etc.

Ste 7

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Destin, FL

Zip

32550

Country

USA

Zip

32550

Country

USA



DO NOT WRITE IN THIS SPACE

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **KING, JOHN A**
 CITY-ST-ZIP **4101 INDIAN BAYOU NORTH
 DESTIN FL 32541**

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **SHORES, TIMM**
 CITY-ST-ZIP **217 CALHOUN AVE.
 DESTIN FL 32541**

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **WILLIAMS, DAVID**
 CITY-ST-ZIP **4120 INDIAN TRAIL
 DESTIN FL 32541**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/9/02 (850) 837-6777

CR2E083 (9/01)