

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 17 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MMW

DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000002832

1. Entity Name

CAPE DEVELOPMENT OF GULF COUNTY, L.L.C.

Principal Place of Business

5540 CAPE SAN BLAS ROAD  
PORT ST. JOE FL 32456

Mailing Address

5540 CAPE SAN BLAS ROAD  
PORT ST. JOE FL 32456-4307

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

59-3540537

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COSTIN, CHARLES A  
413 WILLIAMS AVENUE  
PORT ST. JOE FL 32456

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

10. ADDITIONS/CHANGES

TITLE NAME MGRM S & S PROPERTIES, INC. ☐ Delete  
STREET ADDRESS 5540 CAPE SAN BLAS ROAD  
CITY- ST- ZIP PORT ST. JOE FL 32456

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

TITLE NAME MGRM PICKETT, RONALD B ☐ Delete  
STREET ADDRESS 212 GAUTIER MEMORIAL LANE  
CITY- ST- ZIP PORT ST. JOE FL 32456

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

TITLE NAME MGRM KENNEDY, WILLIAM J ☐ Delete  
STREET ADDRESS 5499 SAN BAR DRIVE  
CITY- ST- ZIP PORT ST. JOE FL 32456

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
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TITLE NAME ☐ Delete  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3-23-00 850-227-2160

CR2E083 (9/99)