

# 2001 UNIFORM BUSINESS REPORT (UBR)

01 JAN 03 AF

DOCUMENT # L99000001105

1. Entity Name  
THE DESTIN CLUB, L.C.

FILED

01 FEB -7 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
36468 EMERALD COAST PARKWAY, SUITE 1101 36468 EMERALD COAST PARKWAY, SUITE 1101  
DESTIN FL 32541 DESTIN FL 32541

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 59-3578582 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SHOULTS, BRADLEY T  
36468 EMERALD COAST PARKWAY, SUITE 1101  
DESTIN FL 32541

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 *Bradley T. Shoults*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/14/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME SHOULTS, MICHAEL  
STREET ADDRESS 36468 EMERALD COAST PARKWAY, SUITE 1101  
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE MGR  
NAME SHOULTS, BRADLEY T  
STREET ADDRESS 36468 EMERALD COAST PARKWAY, SUITE 1101  
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE MGR  
NAME SHOULTS, JEFFREY  
STREET ADDRESS 36468 EMERALD COAST PARKWAY, SUITE 1101  
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
100003675631--9  
-02/13/01--01010--014  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (11/00)