

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001329

1. Entity Name

CONERLY & HELMICH, P.L.L.C.

Principal Place of Business

34851 EMERALD COAST PARKWAY  
SUITE 100  
DESTIN FL 32541

Mailing Address

P.O. BOX 5499  
DESTIN FL 32540

FILED  
01 JAN 19 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4481 Legendary Drive  
Suite, Apt. #, etc.  
Suite 200

3. Mailing Address

Suite, Apt. #, etc.

City & State  
Destin, Florida

City & State

4. FEI Number

59-3561233

Applied For

Not Applicable

Zip  
32541

Country  
U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HELMICH, KEVIN M ESQ  
34851 EMERALD COAST PARKWAY  
SUITE 100  
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

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

4481 Legendary Drive, Suite 200

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  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CONERLY, LAMAR JR  
P.O. BOX 5499  
DESTIN FL 32540 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HELMICH, KEVIN M  
P.O. BOX 5499  
DESTIN FL 32540 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400003576954--2  
-01/26/01--01074--006  
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☐ Change ☐ Addition

TITLE  
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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 #

CP2E083 (11/00)