

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002635

1. Entity Name
HARBOR ESCAPE, L.C.

APPROVED
AND
FILED

01 APR 24 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
151 REGIONS WAY, BUILDING 1, SUITE A
DESTIN FL 32541

Mailing Address
151 REGIONS WAY, BUILDING 1, SUITE A
DESTIN FL 32541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
750 Highway 98 East

3. Mailing Address
P. O. Box 425

Suite, Apt. #, etc.

City & State
Destin, FL

City & State
Destin, FL

4. FEI Number
59-3579457

Applied For
Not Applicable

Zip
32541

Country
USA

Zip
32540

Country
USA

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

6. Name and Address of Current Registered Agent

DEARMON, DELYS
151 REGIONS WAY, BUILDING 1, SUITE A
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
750 Highway 98 East

City Destin FL Zip Code 32541

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

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

400004161904--6
-05/08/01--01058--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
DEARMON, DELYS
151 REGIONS WAY, BUILDING 1, SUITE A
DESTIN FL 32541

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

750 Highway 98 East
Destin, FL 32541

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ 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: *AS Deamon* REQUIRED

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

4/16/01 850 650 0077

Date Daytime Phone #

CR2E083 (11/00)