

2001 UNIFORM BUSINESS REPORT (UBR)

0032021 SP

DOCUMENT # L99000002801

1. Entity Name
GEM OF DESTIN L.L.C.

FILED

01 JAN 29 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
14071-C HWY. 98-E
DESTIN FL 32541

Mailing Address
80 EAST HIGHWAY 30-A
GRAYTON BEACH FL 32459

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
29 UPTOWN GRAYTON CIR
Suite, Apt. #, etc.

City & State
GRAYTON BEACH, FL

City & State
GRAYTON BEACH, FL

Zip
32459

Country

4. FEI Number
59-3576404

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DERCK, ANTHONY
80 EAST HIGHWAY 30-A
GRAYTON BEACH FL 32459

7. Name and Address of New Registered Agent
Name: DERCK, ANTHONY
Street Address (P.O. Box Number is Not Acceptable)
29 UPTOWN GRAYTON CIRCLE
City: GRAYTON BEACH FL Zip Code: 32459

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: *Anthony Derck* DATE: 1/21/01
(NOTE: Registered Agent signature required when reinstating)

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

000003623820--2
-02/02/01--01016--015
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DERCK, ANTHONY 80 EAST HIGHWAY 30-A GRAYTON BEACH FL 32459	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Anthony Derck* DATE: 1/21/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (11/00)