

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90004 037 \*\*\*\*50.00

DOCUMENT # L990000030

1. Entity Name

~~GULF COAST BEACH SERVICES, L.C.~~

GOLF COAST BEACH

WALTON, Bay County 144 South Shore Dr Destin FL 32550

Principal Place of Business

Mailing Address

607 HIGHWAY 98 EAST  
 DESTIN FL 32541

607 HIGHWAY 98 EAST  
 DESTIN FL 32541

940064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

WALTON, Bay County

Suite, Apt. #, etc.

144 South Shore Dr

Suite, Apt. #, etc.

City & State  
 Destin FL

City, State

Zip  
 32550 Country  
 Walton

Zip Country

4. FEI Number 59-3581589

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

HAWKINS, JOHN W ESQ.  
 C/O MATTHEWS & HAWKINS, P.A.  
 607 HIGHWAY 98 EAST  
 DESTIN FL 32541

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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALLACE, JOHN D JR. 144 SOUTHSORE DRIVE DESTIN FL 32541	<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
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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
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:

John D. Wallace Jr. Manager

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

Date

Daytime Phone #

4-9-02 1-850-837-4670

0001827

CR2E083 (9/01)