

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2003 8:00 am**  
**Secretary of State**

5/5

05-05-2003 90695 017 \*\*\*\*50.00

**DOCUMENT # L99000003054**

1. Entity Name

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



Principal Place of Business

**WALTON BAY COUNTY  
144 S. SHORE DR  
DESTIN FL 32550**

Mailing Address

**607 HIGHWAY 98 EAST  
DESTIN FL 32541**

**44002760**

2. Principal Place of Business

**GULF Coast Beach Services  
144 South Shore Dr.  
Destin**

3. Mailing Address

**144 South Shore Dr.  
Destin, Florida**



☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

**FL 32550**

**WALTON**

**32550**

**USA**

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

**HAWKINS, JOHN W ESQ.  
C/O MATTHEWS & HAWKINS, P.A.  
607 HIGHWAY 98 EAST  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **John D. Wallace**  
Signature, typed or printed name of registered agent and title, if applicable.

**Manager**  
(NOTE: Registered Agent signature required when reinstating)

**5-1-03**

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **WALLACE, JOHN D JR.**  
STREET ADDRESS **144 SOUTHSHORE DRIVE**  
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

**5-24-03**

Date

Daytime Phone #

**Bl from AL next month**

**1-205-681-1200**

**CANCE**

**Citami**

CR2E083 (10/02)