

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L990000004522**

1. Entity Name

THE SWAMP L.L.C.

FILED

00 APR 10 AM 9:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**1450 MIRACLE STRIP PKWY
FT. WALTON BEACH, FL 32548**

Mailing Address

**P.O. BOX 5497
DESTIN FL 32540**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3617323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBERT A. BONEZZI

P.O. BOX 5497

DESTIN FL 32540

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.

SIGNATURE

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

ROBERT A. BONEZZI

(NOTE: Registered Agent signature required when reinstating)

DATE

4.5.2000

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE **MANAGING MEMBER** ☐ Delete

NAME **ROBERT A BONEZZI**

STREET ADDRESS **192 INDIAN BAYOU**

CITY-ST-ZIP **DESTIN FL 32541**

TITLE **Member** ☐ Delete

NAME **HUBERT A LAIRD**

STREET ADDRESS **P.O. BOX 1715**

CITY-ST-ZIP **DESTIN FL 32540**

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

900003224129--2

-04/26/00--01013--005

*******50.00 *****50.00**

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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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 OR MANAGER

4.5.2000

Date

850.650.4725

Daytime Phone #

CR3E083 (11/99)