

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007926

1. Entity Name

DESTINATION PROPERTIES LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 26 AM 11:02

Principal Place of Business

C/O BARNETT, BOLT, KIRKWOOD & LONG  
601 BAYSHORE BLVD., SUITE 700  
TAMPA FL 33606

Mailing Address

C/O BARNETT, BOLT, KIRKWOOD & LONG  
601 BAYSHORE BLVD., SUITE 700  
TAMPA FL 33606

2. Principal Place of Business

1308 CALIFORNIA ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SAN FRANCISCO, CA

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2505137

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

BOLT, ROBERT S

601 BAYSHORE BLVD., SUITE 700

TAMPA FL 33606

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE ~~MANAGING MEMBER~~ ☐ Delete

NAME JOHN D. SHUFF

STREET ADDRESS 1308 CALIFORNIA STREET

CITY-ST-ZIP SAN FRANCISCO, CA 94109

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

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TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ~~MANAGING MEMBER~~ ☐ Change ☒ Addition

NAME JOHN D. SHUFF

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TITLE ☐ Change ☐ Addition

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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]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

9/24/00

Date

415 673-4747

Daytime Phone #

CR2E083 (5/00)