

# 2001 UNIFORM BUSINESS REPORT (UBR)

0031403 AF

DOCUMENT # L99000007926

1. Entity Name

DESTINATION PROPERTIES LLC

FILED

01 APR 20 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1308 CALIFORNIA STREET  
SAN FRANCISCO CA 94109

Mailing Address

1308 CALIFORNIA STREET  
SAN FRANCISCO CA 94109

2. Principal Place of Business

594 MIDIRON AVE.

3. Mailing Address

P.O. Box 2600

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KINGS BEACH, CA

City & State

KINGS BEACH, CA

Zip

96143-2600

Country

USA

Zip

96143-2600

Country

USA

4. FEI Number

58-2505137

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

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

*John D. Shuff*

(NOTE: Registered Agent signature required when reinstating)

04-11-01

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM SHUFF, JOHN D  
STREET ADDRESS 1308 CALIFORNIA STREET  
CITY-ST-ZIP SAN FRANCISCO CA 94109 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 594 MIDIRON AVE. P.O. Box 2600  
CITY-ST-ZIP KINGS BEACH, CA 96143-2600

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300004084805  
CITY-ST-ZIP -04/27/01--01027--023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

*John D. Shuff* JOHN D. SHUFF

04-11-01

415 902-4748

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

Date

Daytime Phone #

CR2E083 (11/00)