

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009261

1. Entity Name

INLET INVESTMENT PROPERTIES, L.L.C.

FILED

00 SEP 29 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 650
22006 SUNNYSIDE LANE
SUNNYSIDE FL 32461

Mailing Address

P.O. BOX 650
22006 SUNNYSIDE LANE
SUNNYSIDE FL 32461

2. Principal Place of Business

P.O. Box 14088
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 14088
Suite, Apt. #, etc.

City & State

Mexico Beach, FL
Zip 32410 Country USA

City & State

Mexico Beach, FL
Zip 32410 Country USA

4. FEI Number

59-3624186

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLACK, DAVID C III
71 TRANQUILITY LANE
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

SAME

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

8/23/00

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 NAME
MR. Member
Black, David C. III
STREET ADDRESS
71 Tranquility Lane
CITY-ST-ZIP
Destin, FL 32541

☐ Delete

TITLE NAME
MR. Member
Sullivan, James R. Jr.
STREET ADDRESS
141 N. 44th St.
CITY-ST-ZIP
Mexico Beach, FL 32410

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

000003414420-4
-10/05/00-01022-015
*****50.00 *****50.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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

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

8/23/00

Date

850-650-0288

Daytime Phone #

CR2E083 (5/00)