

2001 UNIFORM BUSINESS REPORT (UBR)

182

DOCUMENT # M00000000410

1. Entity Name
East Beach Development LLC

Principal Place of Business **Mailing Address**

276 E. Water Street
Panama City Beach, FL 32413

2. Principal Place of Business **3. Mailing Address**

276 E. Water Street
Suite, Apt. #, etc.

City & State **City & State**

Panama City Beach, FL Panama City Beach, FL

Zip **Country** **Zip** **Country**

32413 Walton

4. FEI Number * *applied for* ☒ **Applied For ***
See attached SS-4 ☐ **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

Christopher Webb
276 E. Water Street
Panama City Beach, FL 32413

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/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member T. Roe Frazer II 2560 Lake Circle, Jackson, MS 39211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Christopher Webb P.O. Box 611272 Rosemary Beach, FL 32461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *T. Roe Frazer II* **T. Roe Frazer II, Member** **9/21/01** **(601) 969-0830**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)

FILED

01 SEP 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <u>East Beach Development LLC</u>															
	2 Trade name of business (if different from name on line 1) <u>276 E. Water Street</u>		3 Executor, trustee, "care of" name													
	4a Mailing address (street address) (room, apt., or suite no.)		5a Business address (if different from address on lines 4a and 4b)													
	4b City, state, and ZIP code <u>Panama City Beach, FL 32413</u>		5b City, state, and ZIP code													
	6 County and state where principal business is located <u>Jackson, Mississippi</u>															
	7 Name of principal officer, general partner, grantor, owner, or trustor - SSN or ITIN may be required (see instructions) ► <u>T. Roe Frazer II, Member</u>															
	8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a.															
<table border="0"><tr><td><input type="checkbox"/> Sole proprietor (SSN)</td><td><input type="checkbox"/> Estate (SSN of decedent)</td></tr><tr><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Plan administrator (SSN)</td></tr><tr><td><input type="checkbox"/> REMIC</td><td><input type="checkbox"/> Other corporation (specify) ►</td></tr><tr><td><input type="checkbox"/> State/local government</td><td><input type="checkbox"/> Trust</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization</td><td><input type="checkbox"/> Federal government/military</td></tr><tr><td><input type="checkbox"/> Other nonprofit organization (specify) ►</td><td>(enter GEN if applicable)</td></tr><tr><td colspan="2"><input checked="" type="checkbox"/> Other (specify) ► <u>Mississippi limited liability company</u></td></tr></table>			<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►	<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)	<input checked="" type="checkbox"/> Other (specify) ► <u>Mississippi limited liability company</u>	
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8b If a corporation, name the state or foreign country (if applicable) where incorporated																
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9 Reason for applying (Check only one box.) (see instructions)																
<table border="0"><tr><td><input checked="" type="checkbox"/> Started new business (specify type) ► <u>Mississippi limited liability company</u></td><td><input type="checkbox"/> Banking purpose (specify purpose) ►</td></tr><tr><td><input type="checkbox"/> Hired employees (Check the box and see line 12.)</td><td><input type="checkbox"/> Changed type of organization (specify new type) ►</td></tr><tr><td><input type="checkbox"/> Created a pension plan (specify type) ►</td><td><input type="checkbox"/> Purchased going business</td></tr><tr><td></td><td><input type="checkbox"/> Created a trust (specify type) ►</td></tr><tr><td></td><td><input type="checkbox"/> Other (specify) ►</td></tr></table>			<input checked="" type="checkbox"/> Started new business (specify type) ► <u>Mississippi limited liability company</u>	<input type="checkbox"/> Banking purpose (specify purpose) ►	<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ►	<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business		<input type="checkbox"/> Created a trust (specify type) ►		<input type="checkbox"/> Other (specify) ►				
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10 Date business started or acquired (month, day, year) (see instructions) <u>01/26/2000</u>																
11 Closing month of accounting year (see instructions) <u>December</u>																
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) <u>N/A</u>																
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)																
<table border="0"><tr><td>Nonagricultural</td><td>Agricultural</td><td>Household</td></tr><tr><td><u>0</u></td><td><u>0</u></td><td><u>0</u></td></tr></table>			Nonagricultural	Agricultural	Household	<u>0</u>	<u>0</u>	<u>0</u>								
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<u>0</u>	<u>0</u>	<u>0</u>														
14 Principal activity (see instructions) ► <u>Real estate development</u>																
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
If "Yes," principal product and raw material used ►																
16 To whom are most of the products or services sold? Please check one box.																
<table border="0"><tr><td><input type="checkbox"/> Public (retail)</td><td><input type="checkbox"/> Other (specify) ►</td><td><input type="checkbox"/> Business (wholesale)</td></tr></table>			<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Business (wholesale)											
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Business (wholesale)														
17a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
Note: If "Yes," please complete lines 17b and 17c.																
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.																
<table border="0"><tr><td>Legal name ►</td><td>Trade name ►</td></tr></table>			Legal name ►	Trade name ►												
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.																
<table border="0"><tr><td>Approximate date when filed (mo., day, year)</td><td>City and state where filed</td><td>Previous EIN</td></tr></table>			Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN											
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.																
Business telephone number (include area code) <u>(601) 969-9999</u>																
Fax telephone number (include area code) <u>(601) 969-0830</u>																
Name and title (Please type or print clearly.) <u>T. Roe Frazer II, Member</u>																
Signature ► <u>T. Roe Frazer II</u> Date ► <u>09/21/2001</u>																
Note: Do not write below this line. For official use only.																
<table border="0"><tr><td>Please leave blank ►</td><td>Geo.</td><td>Ind.</td><td>Class</td><td>Size</td><td>Reason for applying</td></tr></table>			Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying								
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