

2001 UNIFORM BUSINESS REPORT (UBR)

0004066 AF

DOCUMENT # M00000001039

1. Entity Name

ONE BEACH CLUB DRIVE, LLC

FILED

01 MAY -3 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

15000 EMERALD COAST PARKWAY
DESTIN FL 32541

Mailing Address

15000 EMERALD COAST PARKWAY
DESTIN FL 32541



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

59-3669617 APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAPLES-LAWDOCK, INC.
4501 TAMiami TRAIL N., SUITE 300
NAPLES FL 34103

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.

(NOT: 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 *Pres* ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *President Director* ☐ Change ☒ Addition
NAME *Thomas L Bechel*
STREET ADDRESS *15000 Emerald Coast Pkwy*
CITY-ST-ZIP *Destin FL 32541*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Director* ☐ Change ☒ Addition
NAME *Vance Askew*
STREET ADDRESS *15000 Emerald Coast Parkway*
CITY-ST-ZIP *Destin FL 32541*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Treasurer* ☐ Change ☒ Addition
NAME *Rodney Olsen*
STREET ADDRESS *15000 Emerald Coast Pkwy*
CITY-ST-ZIP *Destin FL 32541*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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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:

Thomas L Bechel

9/26/01

850 650 9995

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

Date

Daytime Phone #

CR2E083 (11/00)