

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90051 008 ****50.00

DOCUMENT # M00000001414

1. Entity Name

COBB INVESTMENT CO, LLC

Principal Place of Business

**1241 AIRPORT ROAD
 DESTIN FL 32541**

Mailing Address

**1241 AIRPORT ROAD
 DESTIN FL 32541**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3592191

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

~~C.T. CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324~~

Name **John Hammond Comer**

Street Address (P.O. Box Number is Not Acceptable)

1751 Scenic hwy 98E

#719

City **Destin**

FL

Zip Code

32541

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 Hammond Comer/Vice President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/8/02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. *Vice President* ADDITIONS/CHANGES

TITLE ~~MGR~~ **PRESIDENT/CEO** ☐ Delete
 NAME **COBB, HENRY H JR.**
 STREET ADDRESS **1241 AIRPORT ROAD**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **John Hammond Comer** ☐ Change ☒ Addition
 NAME **John Hammond Comer**
 STREET ADDRESS **1751 Scenic Hwy 98E**
 CITY-ST-ZIP **Destin, FL 32541**

TITLE ~~EVP~~ ☒ Delete
 NAME **BRANZ, THOMAS E**
 STREET ADDRESS **1241 AIRPORT ROAD**
 CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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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: **John Hammond Comer/Vice President**

1/8/02

(850)837-1637

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

Date

Daytime Phone #

CR2E083 (9/01)