

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000408

1. Entity Name
SEA-GAR, LLC

FILED

01 MAY -7 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1021 HWY 98E (SUITE E)
DESTIN FL 32541

Mailing Address
1021 HWY 98E (SUITE E)
DESTIN FL 32541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4424 Commons Dr. E
Suite, Apt. #, etc.
2C

4424 Commons Dr. East
Suite, Apt. #, etc.
2C

City & State
Destin FL

City & State
Destin FL

4. FEI Number 56-0029566

Applied For
Not Applicable

Zip
32541

Country
USA

Zip
32541

Country
USA

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

HOLTHOUSER, MARVIN
1021 HWY 98E (SUITE E)
DESTIN FL 32541

Name

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

4424 Commons Drive East Ste 2C

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: *M. L. Nul*

5/1/01

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
MGR
HOLTHOUSER, MARVIN
1021 HWY 98E (SUITE E)
DESTIN FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4424 COMMONS DRIVE E. 2C ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800004342208-0
-06/05/01--01085--013
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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: *M. L. Nul*

5/1/01 850 650 3111

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

Date

Daytime Phone #