

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001922

1. Entity Name

DESTIN CONVENIENCE STORE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 10 AM 10:02

Principal Place of Business

112 SHEFFIELD LOOP, SUITE D
HATTIESBURG MS 39402

Mailing Address

112 SHEFFIELD LOOP, SUITE D
HATTIESBURG MS 39402

2. Principal Place of Business

34920 Emerald Coast Pkwy
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Zip

Country

32541 USA

4. FEI Number

64-0902050

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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/MANAGERS

TITLE NAME MGRM YORK, BENNETT V
STREET ADDRESS 112 SHEFFIELD LOOP, SUITE D
CITY-ST-ZIP HATTIESBURG MS 39402

TITLE NAME MGRM YORK, BENNETT V JR.
STREET ADDRESS 112 SHEFFIELD LOOP, SUITE D
CITY-ST-ZIP HATTIESBURG MS 39402

TITLE NAME MGRM YORK-LOSEE, PAIGE
STREET ADDRESS 112 SHEFFIELD LOOP, SUITE D
CITY-ST-ZIP HATTIESBURG MS 39402

TITLE NAME MGRM YORK, JOHN T
STREET ADDRESS 112 SHEFFIELD LOOP, SUITE D
CITY-ST-ZIP HATTIESBURG MS 39402

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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:

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

Date

Daytime Phone #

601-264-0403

CR2E083 (5/00)