

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NA-1922**

1. Entity Name

Destin Convenience Store, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

34920 Emerald Coast Pkwy

3. Mailing Address

112 Sheffield Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin FL 32541

City & State

Hattiesburg MS 39402

Zip

Country

Zip

Country

32541

USA

39402

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

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

100004037031--3
-04/20/01--01129--011
*******55.00 *****55.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MBRM** ☐ Delete
NAME **York, Bennett V.**
STREET ADDRESS **112 Sheffield Loop**
CITY-ST-ZIP **Hattiesburg, MS 39402**

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

TITLE **MBRM** ☐ Delete
NAME **York, Jr, Bennett V.**
STREET ADDRESS **112 Sheffield Loop**
CITY-ST-ZIP **Hattiesburg, MS 39402**

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

TITLE **MBRM** ☐ Delete
NAME **York-Losee, Paige**
STREET ADDRESS **112 Sheffield Loop**
CITY-ST-ZIP **Hattiesburg, MS 39402**

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

TITLE **MBRM** ☐ Delete
NAME **York, John T**
STREET ADDRESS **112 Sheffield Loop**
CITY-ST-ZIP **Hattiesburg, MS 39402**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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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:

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

4-13-01

Date

601-264-0403

Daytime Phone #

CR2E083 (11/00)