

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90297 044 \*\*\*\*61.25

**DOCUMENT # 711216**

1. Entity Name  
**DESTIN CHAMBER OF COMMERCE, INC.**

Principal Place of Business <b>1021 HWY. 98 EAST          PO BOX 8          DESTIN FL 32541</b>	Mailing Address <b>1021 HWY. 98. EAST          PO BOX 8          DESTIN FL 32541</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4484 Legendary Way</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. BOX 8</b> Suite, Apt. #, etc.
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City & State <b>Destin FL</b>	City & State <b>Destin FL</b>	4. FEI Number <b>59-1145150</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32541</b>	Country <b>USA</b>	Zip <b>32540</b>	Country <b>USA</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RAYMOND C. NAVITSKY  
 1021 HWY. 98, EAST  
 P.O. BOX 8  
 DESTIN FL 32540**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MCGINNIS, 1021 HWY 98 E DESTIN FL 32540</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD MCGINNIS, SUSAN 1021 HWY. 98, EAST DESTIN FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD FULMER, TIM 1021 HWY 98 E DESTIN FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD SCOTT, BRAD 1021 HWY. 98, E. DESTIN FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M NAVITSKY, RAYMOND 1021 HWY. 98, E. DESTIN FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCNEIL, JOHN 1021 HWY 98 E. DESTIN FL</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Guy Clark 4484 LEGENDARY WAY Destin FL 32541</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD. LAMAE CONERLY 4484 LEGENDARY WAY Destin FL 32541</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD. DON DAVID 4484 LEGENDARY WAY Destin FL 32541</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raymond C. Navitsky* **Raymond C. Navitsky** 2/28/01 950 654-0865  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)