

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N05377**

1. Entity Name

DESTIN YACHT CLUB OWNERS ASSOCIATION, INC.

Principal Place of Business

**320 HWY 98 EAST
DESTIN FL 32541
US**

Mailing Address

**POST OFFICE BOX 5273
DESTIN FL 32540
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2653298

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 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.

(NOT: Registered Agent's signature required when reinstating)

DATE

**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	PD	☐ Delete
NAME	CAWTHORN, EDWIN	
STREET ADDRESS	320 HWY 98 EAST, #604	
CITY-ST-ZIP	DESTIN FL 32541	

TITLE	VP	☐ Delete
NAME	MCLAUGHLIN, MICHAEL	
STREET ADDRESS	8731 BAYOU CASTELLE	
CITY-ST-ZIP	GAUTIER MS 39553	

TITLE	T	☐ Delete
NAME	ROGERS, RICHARD	
STREET ADDRESS	P.O. BOX 151	
CITY-ST-ZIP	SOUTH PITTSBURG TN 37380	

TITLE	SD	☐ Delete
NAME	PACE, GIL	
STREET ADDRESS	P.O. BOX 6753	
CITY-ST-ZIP	AMERICUS GA 31709	

TITLE	D	☒ Delete
NAME	TURBERVILLE, LEE	
STREET ADDRESS	306 WOODBRIDGE DRIVE	
CITY-ST-ZIP	DAPHNE AL 36526	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE		☒ Change ☐ Addition
NAME	Rogers, Richard	
STREET ADDRESS		
CITY-ST-ZIP		

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

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

TITLE	T	☐ Change ☒ Addition
NAME	Kinney, Robert	
STREET ADDRESS	P.O. Box 71682	
CITY-ST-ZIP	Albany, GA 31708	

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:

Michael McLaughlin Vice President

5/29/01

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90003 019 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)