

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062015

1. Entity Name

DESTIN BANCSHARES, INC.

FILED

Mar 24, 2000 8:00 am  
Secretary of State

03-24-2000 90070 024 \*\*\*150.00

Principal Place of Business

Mailing Address

125 MAIN ST  
DESTIN FL 32541-2501

125 MAIN ST  
DESTIN FL 32541-2501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3408180

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

BURGE, FRANK  
125 MAIN ST  
DESTIN FL 32541-2501

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME GREENWALD, E LANCE  
STREET ADDRESS 4420 COLIN STREET SUITE #205  
CITY-ST-ZIP METARIE LA

TITLE D ☐ Change ☒ Addition  
NAME Arthur, James M., MD  
STREET ADDRESS One Mercy Lane Suite 502  
CITY-ST-ZIP Hot Springs, Arkansas 71913

TITLE D ☐ Delete  
NAME WILSON, DEWEY C JR  
STREET ADDRESS RT 3 BOX 74  
CITY-ST-ZIP DEFUNIAK SPRINGS FL

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

TITLE D ☐ Delete  
NAME CLAY, RONNY A  
STREET ADDRESS 705 GULF SHORE DR, #104  
CITY-ST-ZIP DESTIN FL

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

TITLE PCD ☐ Delete  
NAME BURGE, FRANK  
STREET ADDRESS 110 GULF SHORE DR. #226  
CITY-ST-ZIP DESTIN FL 32541

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

TITLE D ☐ Delete  
NAME YOUNG, THELBERT  
STREET ADDRESS 526 BAYVIEW ST  
CITY-ST-ZIP DESTIN FL 32541

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

TITLE D ☐ Delete  
NAME RIGGS, STEPHEN C  
STREET ADDRESS 8 SHADY LANE DR  
CITY-ST-ZIP MARY ESTHER FL

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)