

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90240 026 ***150.00

DOCUMENT # P96000062015

1. Entity Name
DESTIN BANCSHARES, INC.

Principal Place of Business

**125 MAIN ST
DESTIN FL 32541-2501**

Mailing Address

**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

Zip

Country

Zip

Country

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, 2002 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 **CARR, FREDDY**
STREET ADDRESS **10 DANBERRY CT**
CITY-ST-ZIP **NICEVILLE, FL 32578**

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

TITLE **D** ☒ Change ☐ Addition
NAME **WILSON, DEWEY C JR**
STREET ADDRESS **9563 HWY 83**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

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 **522 WALTON WAY**
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 (9/01)

11. (CONT'D)

D
ARTHUR, JAMES M., MD
ONE MERCY LANE SUITE 502
HOT SPRINGS, ARKANSAS 71913

Attachment # P96000062015
B0085725