

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90123 036 ****61.25

DOCUMENT # 740393

1. Entity Name

DESTIN CHARTER BOAT ASSOCIATION, INC.

Principal Place of Business

1220 ANN CR
 DESTIN FL 32541

Mailing Address

PO BOX 1093
 DESTIN FL 32541

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

NA

Suite, Apt. #, etc.

NA

City & State

SAME

City & State

SAME

Zip

32541

Country

USA

Zip

32540

Country

USA

4. FEI Number

59-1450606

Applied For

☒ Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, STOKES
220 ANN CIRCLE #1
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

NA

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

W. Walker, TD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/00

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 **DV** ☒ Delete
 NAME **DIETZ, DOUG**
 STREET ADDRESS **403 PRIMROSE CIR**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **TD** ☐ Delete
 NAME **WALKER, STOKES**
 STREET ADDRESS **#1, 220 ANN CIRCLE**
 CITY-ST-ZIP **DESTIN FL**

TITLE **DP** ☒ Delete
 NAME **ELLER, MIKE**
 STREET ADDRESS **646 HWY 98 E.**
 CITY-ST-ZIP **DESTIN FL**

TITLE **DS** ☒ Delete
 NAME **VAUGHN, ANDY**
 STREET ADDRESS **104 CALHOUN AVE**
 CITY-ST-ZIP **DESTIN FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DV** ☐ Change ☒ Addition
 NAME **ATWELL, CLIFF**
 STREET ADDRESS **724 ELISE LN.**
 CITY-ST-ZIP **DESTIN, FL 32541**

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

TITLE **DP** ☐ Change ☒ Addition
 NAME **ROBSON, SCOTT**
 STREET ADDRESS **157 PRICHARD RD**
 CITY-ST-ZIP **DESTIN, FL 32550**

TITLE **DS** ☐ Change ☐ Addition
 NAME **GATES, DAVID**
 STREET ADDRESS **544 SEIBERT AVE**
 CITY-ST-ZIP **DESTIN, FL 32541**

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

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

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/01

850-837-4749

CR2E037 (10/00)