

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760604

1. Entity Name

OLD DESTIN POST OFFICE MUSEUM, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90112 033 ****61.25

Principal Place of Business

101 STAHLMAN AVE
DESTIN FL 32540

Mailing Address

P O BOX 691
DESTIN FL 32540

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

59-2140509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURLESON, WILLIAM D.
540 JUANITA DRIVE
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name Robert J. Taylor
Street Address (P.O. Box Number is Not Acceptable)
231 Calhoun Ave.
City Destin FL Zip Code 32541

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 Robert J. Taylor

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	VD	<input type="checkbox"/> Delete
NAME	TAYLOR, DORIS J.	
STREET ADDRESS	235 CALHOUN AVE	
CITY-ST-ZIP	DESTIN FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BURLESON, BILL	
STREET ADDRESS	540 JUANITA DR	
CITY-ST-ZIP	DESTIN FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TAYLOR, LINDA	
STREET ADDRESS	231 CALHOUN AVE.	
CITY-ST-ZIP	DESTIN FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TICKNER, DOONEY	
STREET ADDRESS	900 GULF SHORE DRIVE, #2034	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, WILLIE MAE	
STREET ADDRESS	233 CALHOUN AVENUE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIVINGSTON, LIZ	
STREET ADDRESS	188 BENT ARROW	
CITY-ST-ZIP	DESTIN FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Linda Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (5/00)