

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 05, 2001 8:00 am**
Secretary of State

03-05-2001 90276 050 ****61.25

DOCUMENT # 760604

1. Entity Name

OLD DESTIN POST OFFICE MUSEUM, INC.

Principal Place of Business

Mailing Address

**101 STAHLMAN AVE
DESTIN FL 32540****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)

235 Calhoun Ave.**Destin**

City

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

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**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
TAYLOR, DORIS J.
235 CALHOUN AVE
DESTIN FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BURLESON, BILL
540 JUANITA DR
DESTIN FL** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TAYLOR, LINDA
231 CALHOUN AVE.
DESTIN FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
TICKNER, DOONEY
900 GULF SHORE DRIVE, #2034
DESTIN FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TAYLOR, WILLIE MAE
233 CALHOUN AVENUE
DESTIN FL 32541** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LIVINGSTON, LIZ
188 BENT ARROW
DESTIN FL** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)