

18-02 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAR 19 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H40134**
1. Entity Name
DESTIN BANK

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 125 MAIN ST	3. Mailing Address 125 MAIN ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State DESTIN, FL 32541	City & State DESTIN, FL 32541
Zip	Country

4. FEI Number
59-2473192

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **N/A**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BURGE, FRANK 522 WALTON WAY DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400005145474--8 -03/22/02--01025--001 ****750.00 ****750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAY, RONNY 705 GULF SHORE DR. #104 DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, THELBERT 526 BAYVIEW ST DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGGS, STEPHEN C 8 SHADY LANE DR MARY ESTHER, FL 32569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, DEWEY 9563 HWY 83 DEFUNIAK SPRINGS, FL 32433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cent. of Surrender Filed in error 4/30/98
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D See Attachment ARTHUR, JAMES ONE MERCY LANE SUITE 502 HOT SPRINGS, ARKANSAS 71913	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Spayne-3-19-02

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Ross Scott** **ROSS SCOTT** **3/18/02** **850.837.8100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

11. (CONT'D)

D

CARR, FREDDY

10 DANBERRY COURT

NICEVILLE, FL 32578

SVP

SCOTT, ROSS

430 FOREST GLEN PLACE

MARY ESTHER, FL 32569