

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01842

1. Entity Name

DESTIN BEACH CLUB OWNERS ASSOCIATION, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90120 020 ****61.25

Principal Place of Business

1150 HWY 98 EAST
DESTIN FL 32541

Mailing Address

1150 HWY 98 EAST
DESTIN FL 32541

2. Principal Place of Business

1150 Scenic Hwy 98
Suite, Apt. #, etc.

3. Mailing Address

1150 Scenic Hwy 98
Suite, Apt. #, etc.

City & State

Destin FL

City & State

Destin FL

4. FEI Number

59-2458838

Applied For

Not Applicable

Zip

32541

Country

USA

Zip

32541

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURKE, LES W
303 MAGNOLIA AVENUE
PANAMA CITY FL

7. Name and Address of New Registered Agent

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

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	TD	<input type="checkbox"/> Delete
NAME	BROSS, HAROLD	
STREET ADDRESS	37 ROSEDOWN	
CITY-ST-ZIP	DESTREHAN LA	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILDER, BOB	
STREET ADDRESS	3443 DELL GLADE DR	
CITY-ST-ZIP	MEMPHIS TN 38111	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCKAY, GERI	
STREET ADDRESS	1138 MAYNARD DRIVE	
CITY-ST-ZIP	INDIANAPOLIS IN 46227	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SANDEL, LARRY	
STREET ADDRESS	250 BRAEBURN CIRCLE	
CITY-ST-ZIP	MARBLE FALLS TX 78654	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

830-693-6006

Date

Daytime Phone #

CR2E037 (9/99)