

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01842

1. Entity Name

DESTIN BEACH CLUB OWNERS ASSOCIATION, INC.

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90073 040 \*\*\*\*61.25

Principal Place of Business

1150 HWY 98  
DESTIN FL 32541

Mailing Address

1150 HWY 98  
DESTIN FL 32541

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

59-2458838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURKE, LES W  
303 MAGNOLIA AVENUE  
PANAMA CITY FL

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS BROSS, HAROLD  
CITY-ST-ZIP 37 ROSEDOWN  
DESTREHAN LA

TITLE ☒ Change ☐ Addition  
NAME Vice President  
STREET ADDRESS Bross, Harold  
CITY-ST-ZIP 37 Rosedown  
Destrehan, la

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WILDER, BOB  
CITY-ST-ZIP 3443 DELL GLADE DR  
MEMPHIS TN 38111

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS MCKAY, GERI  
CITY-ST-ZIP 1138 MAYNARD DRIVE  
INDIANAPOLIS IN 46227

TITLE ☒ Change ☐ Addition  
NAME Treasurer  
STREET ADDRESS McKay, Geri  
CITY-ST-ZIP 1138 Maynard Dr  
Indianapolis, IN

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS SANDEL, LARRY  
CITY-ST-ZIP 250 BRAEBURN CIRCLE  
MARBLE FALLS TX 78654

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Secretary  
STREET ADDRESS Rieger, Kordula  
CITY-ST-ZIP 20 Hampton Circle  
Niceville, FL

TITLE ☐ Delete  
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 #

CR2E037 (10/00)