

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01842

1. Entity Name

DESTIN BEACH CLUB OWNERS ASSOCIATION, INC.

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90074 038 ****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 VP
NAME BROSS, HAROLD
STREET ADDRESS 37 ROSEDOWN
CITY-ST-ZIP DESTREHAN LA ☐ Delete

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

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

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

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

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

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

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

TITLE S
NAME RIEGER, KORDULA
STREET ADDRESS 20 HAMPTON CIRCLE
CITY-ST-ZIP NICEVILLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Larry Sandel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-3-02

830-693
-6006

CR2E037 (9/01)