

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90148 022 ****61.25

DOCUMENT # N02000004982

1. Entity Name

DESTINATION DESTINY INTERNATIONAL, INC.



Principal Place of Business

**312 S 61 AVE
PENSACOLA FL 32546**

Mailing Address

**312 S 61 AVE
PENSACOLA FL 32546**

2. Principal Place of Business

312 S. 61 AVE.

3. Mailing Address

312 S 61 AVE.

Suite, Apt. #, etc.

PENSACOLA, FL

Suite, Apt. #, etc.

PENSACOLA, FL

City & State

City & State

Zip
32506

Country
USA

Zip
32506

Country
USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EVANS, RONALD L
312 S 61 AVE
PENSACOLA FL 32546**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **VANKOEVERING, JOE**
STREET ADDRESS **3933 DARMOUTH AVE, N**
CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE **D** ☐ Delete
NAME **RAMBISOON, AMAR**
STREET ADDRESS **8825 AD MIMS RD**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **D** ☐ Delete
NAME **MATTHEWS, JONATHAN**
STREET ADDRESS **2541 54 AVE S**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **P** ☐ Delete
NAME **EVANS, RONALD L**
STREET ADDRESS **312 S 61 AVE**
CITY-ST-ZIP **PENSACOLA FL 32546**

TITLE **V** ☐ Delete
NAME **EVANS, JULIE A**
STREET ADDRESS **312 S 61 AVE**
CITY-ST-ZIP **PENSACOLA FL 32546**

TITLE **ST** ☐ Delete
NAME **KING, POLLY A**
STREET ADDRESS **312 S 61 AVE**
CITY-ST-ZIP **PENSACOLA FL 32546**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
NAME **EVANS, RONALD L**
STREET ADDRESS **312 S 61 AVE.**
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE ☒ Change ☐ Addition
NAME **EVANS, JULIE A**
STREET ADDRESS **312 S 61 AVE.**
CITY-ST-ZIP **PENSACOLA, FL 32506**

TITLE ☒ Change ☐ Addition
NAME **ST. KING, POLLY A**
STREET ADDRESS **312 S 61 AVE.**
CITY-ST-ZIP **PENSACOLA, FL 32506**

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

4/4/03

850-304-4702

CR2E037 (10/02)