

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004192

1. Entity Name

DESTIN RESTAURANT ASSOCIATION, INC.

Principal Place of Business

25 WALTER MARTIN ROAD NE
FORT WALTON BEACH FL 32548

Mailing Address

76 HIGHWAY 98 EAST
DESTIN FL 32541

FILED

03 FEB 19 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

02-03

2. Principal Place of Business

3. Mailing Address

PO Box 729

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin FL

4. FEI Number

39-3400063

Applied For

Not Applicable

Zip

Country

Zip

Country

32540 Alaska

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

GRIMSLEY, JAMES W
25 WALTER MARTIN ROAD NE
FORT WALTON BEACH FL 32548

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

10.30.02

After September 13, 2002,
min. will be \$236.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	P RICE, TOM 76 HIGHWAY 98 EAST DESTIN FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EMPSON, DAN 76 HIGHWAY 98 EAST DESTIN FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SEEVERS, SAM 76 HIGHWAY 98 EAST DESTIN FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRANZ, THOMAS 110 B PALMETTO DR DESTIN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARKER, WENDY 110 B PALMETTO DR DESTIN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900009043279 02/19/03--01020--014 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900009043279 11/18/02--01018--002 **236.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D (Secretary) TERJAK, PATRICE 76 Highway 98 East Destin, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D (Treasurer) Bonneau, Donna L 76 Highway 98 East Destin, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T (TRUSTEE) Leavins, Bridget 76 Highway 98 East Destin, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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

10.30.02 850.650.8791

CR2E037 (4/02)

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