

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2000 8:00 am
Secretary of State

05-20-2000 90005 027 ****61.25

DOCUMENT # N97000006263

1. Entity Name
UNITED FOR DESTIN, INC.

Principal Place of Business 445 CALHOUN AVENUE DESTIN FL 32541	Mailing Address 445 CALHOUN AVENUE DESTIN FL 32541-1508
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number **59-3485321** 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

**WILLIAMS, DIANA
445 CALHOUN AVENUE
DESTIN FL 32541**

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 _____ (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

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TITLE	NAME	TITLE	NAME
D	JACKSON, KENNY		
4088 INDIAN BAYOU N	DESTIN FL 32541		
D	WILLIAMS, DIANA		
445 CALHOUN AVENUE	DESTIN FL 32541		
D	WILLIAMS, DAVID R		
445 CALHOUN AVENUE	DESTIN FL 32541		
D	WILLIGES, LAWRENCE H.		
403 SPANISH MOSS TRAIL	DESTIN FL 32541		
D	KING, GAYLAN		
955 AIRPORT RD #1514	DESTIN FL 32541		

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** 4/25/00 850-837-3423
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)