

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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90040 046 ****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**

30002503



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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

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 | <input type="checkbox"/> Delete |
| NAME | JACKSON, KENNY | |
| STREET ADDRESS | 4088 INDIAN BAYOU N | |
| CITY-ST-ZIP | DESTIN FL 32541 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, DIANA | |
| STREET ADDRESS | 445 CALHOUN AVENUE | |
| CITY-ST-ZIP | DESTIN FL 32541 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WILLIAMS, DAVID R | |
| STREET ADDRESS | 445 CALHOUN AVENUE | |
| CITY-ST-ZIP | DESTIN FL 32541 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KING, GAYLAN | |
| STREET ADDRESS | 955 AIRPORT RD #1514 | |
| CITY-ST-ZIP | DESTIN FL 32541 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GAILLARD, REGINA | |
| STREET ADDRESS | 705 GULF SHORE DR | |
| CITY-ST-ZIP | DESTIN FL 32541 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

01/07/03 850-837-3423

CR2E037 (10/02)