

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003281

1. Entity Name

DESTIN HARBOR PARTNERSHIP, INC.

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90123 021 \*\*\*\*70.00

Principal Place of Business

1077 HWY 98  
DESTIN FL 32541

Mailing Address

630 GRAND BLVD  
STE 100  
DESTIN FL 32541

630 Grand Blvd



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3571374

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PELHAM, THOMAS G  
909 E PARK AVE  
TALLAHASSEE FL 32301

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**  
**After September 13, 2000 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 PD ☐ Delete  
NAME HOWARD, KEITH  
STREET ADDRESS 630 GRAND BLVD - STE 100  
CITY-ST-ZIP DESTIN FL 32541

TITLE D ☐ Change ☒ Addition  
NAME Delys Dearmon  
STREET ADDRESS 151 Regions Way  
CITY-ST-ZIP Destin FL 32541

TITLE VPD ☐ Delete  
NAME BLIMLING, SAM  
STREET ADDRESS 1077 HWY 98  
CITY-ST-ZIP DESTIN FL 32541

TITLE D ☐ Change ☒ Addition  
NAME Gene Smith  
STREET ADDRESS 612 E Hwy 98  
CITY-ST-ZIP Destin FL 32541

TITLE STD ☐ Delete  
NAME BENNETT, STEVE  
STREET ADDRESS 17 MEIGS DR.  
CITY-ST-ZIP SHALIMAR FL 32579

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

TITLE D ☐ Delete  
NAME PETERSON, DALE  
STREET ADDRESS 321 HWY 98  
CITY-ST-ZIP DESTIN FL 32541

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

TITLE D ☐ Delete  
NAME MOODY, TOM  
STREET ADDRESS 194 HWY 98  
CITY-ST-ZIP DESTIN FL 32541

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

TITLE D ☐ Delete  
NAME MARLER, OLIN  
STREET ADDRESS 513 MAIN STREET  
CITY-ST-ZIP DESTIN FL 32541

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: X

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00

850-837-1886

Date

Daytime Phone #

CR2E037 (5/00)