

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004532

1. Entity Name

DESTIN EXECUTIVE FLYING CLUB, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90319 025 ****70.00

Principal Place of Business

Mailing Address

1207 QUAIL LAKE BLVD.
 DESTIN FL 32541

1207 QUAIL LAKE BLVD.
 DESTIN FL 32541-2903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

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

MCAFFEE, PAUL E
1207 QUAIL LAKE BLVD.
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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	MCAFFEE, PAUL E
STREET ADDRESS	1207 QUAIL LAKE BLVD.
CITY-ST-ZIP	DESTIN FL 32541
TITLE	D <input type="checkbox"/> Delete
NAME	MONASTERO, JOSEPH DR.
STREET ADDRESS	123 SEABREEZE CIR.
CITY-ST-ZIP	PANAMA CITY FL 32413
TITLE	D <input type="checkbox"/> Delete
NAME	STEVENSON, JOHN
STREET ADDRESS	107 BEVERLY ST.
CITY-ST-ZIP	NICEVILLE FL 32578
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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	
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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: *Paul E Mcaffee* **REPAUL E MCAFFEE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00 850-837-4457

Date

Daytime Phone #

CR2E037 (9/99)