

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93647 014 ****61.25

DOCUMENT # N99000004532

1. Entity Name

DESTIN EXECUTIVE FLYING CLUB, INC.

Principal Place of Business

Mailing Address

**1207 QUAIL LAKE BLVD.
 DESTIN FL 32541**

**1207 QUAIL LAKE BLVD.
 DESTIN FL 32541**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

**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

5-20-02

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 checked="" type="checkbox"/> Delete |
| NAME | STEVENSON, JOHN | |
| STREET ADDRESS | 107 BEVERLY ST. | |
| CITY-ST-ZIP | NICEVILLE FL 32578 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | Don Folley | |
| STREET ADDRESS | 2 INDIAN BAYOU DR. | |
| CITY-ST-ZIP | DESTIN FL 32541 | |
| 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 |
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| 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:

REINSTATEMENT REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-02

Date

Daytime Phone #

CR2E037 (9/01)