

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029860

1. Entity Name
DESTIN BANCSHARES INSURANCE AGENCY, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90024 034 ***150.00

Principal Place of Business

125 MAIN STREET
DESTIN FL 32541

Mailing Address

125 MAIN STREET
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

59-3642684

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

W. WADE WALLACE
10221 WEST EMERALD COAST PARKWAY
SUITE 26
DESTIN FL 32541

Name

BURGE, FRANK

Street Address (P.O. Box Number is Not Acceptable)

125 MAIN ST

City

DESTIN

FL

Zip Code
32541

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
P
BURGE, FRANK
522 WALTON WAY
DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D
GREENWALD, E. LANCE
4420 COLIN STREET SUITE #205
METARIE, LA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D
WILSON, DEWEY C JR
RT 3 BOX 74
DEFUNIAK SPRINGS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D
CLAY, RONNY A
705 GULF SHORE DR, #104
DESTIN, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D
YOUNG, THELBERT
526 BAYVIEW ST
DESTIN, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
D
RIGGS, STEPHEN C.
8 SHADY LANE DR
MARY ESTHER, FL

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

D
ARTHUR, JAMES M., MD
ONE MERCY LANE SUITE 502
HOT SPRINGS, ARKANSAS 71913

Addition

Attachment
966359

D00000029860