

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90240 025 \*\*\*150.00

**DOCUMENT # P00000029860**

1. Entity Name

**DESTIN BANCSHARES INSURANCE AGENCY, INC.**

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

4. FEI Number **59-3642684**

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

**BURGE, FRANK  
125 MAIN STREET  
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

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, 2002 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 **P** ☐ Delete  
NAME **BURGE, FRANK**  
STREET ADDRESS **522 WALTON WAY**  
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **D** ☒ Delete  
NAME **GREENWALD, LANCE E**  
STREET ADDRESS **4420 COLIN STREET STE 205**  
CITY-ST-ZIP **METARIE LA**

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

TITLE **D** ☐ Delete  
NAME **CLAY, RONNY A**  
STREET ADDRESS **705 GULFSHORE DR #104**  
CITY-ST-ZIP **DESTIN FL**

TITLE **D** ☐ Delete  
NAME **YOUNG, THELBERT**  
STREET ADDRESS **526 BAYVIEW STREET**  
CITY-ST-ZIP **DESTIN FL**

TITLE **D** ☐ Delete  
NAME **RIGGS, STEPHEN C**  
STREET ADDRESS **8 SHADY LANE DRIVE**  
CITY-ST-ZIP **MARY ESTHER FL**

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

TITLE ☐ Change ☒ Addition  
NAME **CARR, FREDDY**  
STREET ADDRESS **10 DANBERRY CT**  
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE ☒ Change ☐ Addition  
NAME **WILSON, DEWEY C JR**  
STREET ADDRESS **9563 HWY 83**  
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

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

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

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment # P00000029860

11. (CONT'D)

D

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