

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90234 032 ***150.00

00570320 AV

DOCUMENT # P00000061642

1. Entity Name

DESTIN RESTAURANT GROUP, INC.

Principal Place of Business

**34876 EMERALD COAST PARKWAY
 DESTIN FL 32541**

Mailing Address

**34876 EMERALD COAST PARKWAY
 DESTIN FL 32541**

2. Principal Place of Business

1217 AIRPORT ROAD

3. Mailing Address

1217 AIRPORT ROAD

Suite, Apt. #, etc.

SUITE 419

Suite, Apt. #, etc.

SUITE 419

City & State

DESTIN FL

City & State

DESTIN FL

Zip

32541

Country

OKALOOSA

Zip

32541

Country

OKALOOSA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3655188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, RUPERT E

**34876 EMERALD COAST PARKWAY
 DESTIN FL 32541**

7. Name and Address of New Registered Agent

Rupert E Phillips

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

1217 AIRPORT ROAD

Suite 419

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 **RUPERT E. PHILLIPS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-29-2002

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

TITLE **VP** ☐ Delete
 NAME **PHILLIPS, RUPERT E**
 STREET ADDRESS **34876 EMERALD COAST PARKWAY**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE **VPD** ☒ Delete
 NAME **CLARY, CHARLES W III**
 STREET ADDRESS **PO BOX 778**
 CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **PD** ☐ Delete
 NAME **MCKELVY, WILLIAM**
 STREET ADDRESS **PO BOX 217**
 CITY-ST-ZIP **BAKER FL 32531**

TITLE **D** ☒ Delete
 NAME **CLARY, CHARLES W**
 STREET ADDRESS **PO BOX 778**
 CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **S** ☐ Delete
 NAME **LEDFORD, DAVID**
 STREET ADDRESS **34876 EMERALD COAST PKWY**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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 lines powered.

SIGNATURE:

RUPERT E. PHILLIPS, MANAGER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02
 Date

(850) 650-5201
 Daytime Phone #

CR2E034 (9/01)