## 2001 UNIFORM BUSINESS REPORT (UBR)

## Sep 12, 2001 8:00 am Secretary of State P00000085027 **DOCUMENT #** 1. Entity Name 09-12-2001 90022 010 \*\*\*550.00 RESORT SERVICES OF DESTIN, INC. Principal Place of Business Mailing Address 120 SENDING DRIVE 970 A POUT P.C. <del>120-DEHNING DRIVE</del> 910 Airport Rd DESTIN FL 32541 DESTIN FL 32541 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FELNumber Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEIMORTS, MICHAEL L ESQ. Street Address (P.O. Box Number is Not Acceptable) SUITE 209 - THE PLAZA 4507 FURLING LANE **DESTIN FL 32541** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be · After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (5/01) Addition TITLE Delete TITLE ☐ Change NAME NAME T. VIZZINA STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP DESTIN, 74 32541 Addition TITLE ☐ Delete TITLE Change y - TACUSURET NAME NAME Deborah VIZZINA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -TITLE -□ Detete ~ Change -Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

FILED