

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038294

1. Entity Name

DISCOVER DESTIN, INC.

Principal Place of Business

Mailing Address

P.O. BOX 5475  
DESTIN FL 32540

P.O. BOX 5475  
DESTIN FL 32540-5475

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

59-3317127

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

MCGILL, ROBERT E III  
743 HIGHWAY 98 EAST, SUITE 5  
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, 2000 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	D	<input type="checkbox"/> Delete
NAME	TEPPER, BEN S	
STREET ADDRESS	P.O. BOX 5475	
CITY-ST-ZIP	DESTIN FL 32540	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEPPER, KATHY BLANTON	
STREET ADDRESS	P.O. BOX 5475	
CITY-ST-ZIP	DESTIN FL 32540	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEPPER, MAX L III	
STREET ADDRESS	P.O. BOX 5475	
CITY-ST-ZIP	DESTIN FL 32540	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEPPER, STEVEN B	
STREET ADDRESS	P.O. BOX 5475	
CITY-ST-ZIP	DESTIN FL 32540	
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
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kathy Tepper*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kathy Tepper*

5-25-00

Date

850-654-9655

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

FILED

Jun 05, 2000 8:00 am  
Secretary of State

06-05-2000 90041 001 \*\*\*550.00