

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038294

1. Entity Name

DISCOVER DESTIN, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90122 032 \*\*\*150.00

Principal Place of Business

P.O. BOX 5475  
DESTIN FL 32540

Mailing Address

P.O. BOX 5475  
DESTIN FL 32540

2. Principal Place of Business

3839 Indian Trail  
Suite, Apt. #, etc.

3. Mailing Address

3839 Indian Trail  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Destin, FL

Zip

32541

Country

US

City & State

Destin, FL

Zip

32541

Country

US

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

MCGILL, ROBERT E III  
743 HIGHWAY 98 EAST, SUITE 5  
DESTIN FL 32541

7. Name and Address of New Registered Agent

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 fee 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

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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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* Kathy Tepper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01 850-654-9655

Date

Daytime Phone #

CR2E034 (10/00)