

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90109 022 ***150.00

0050695
AV

DOCUMENT # P95000042602

1. Entity Name

NEW HOMES OF DESTIN, INC.

Principal Place of Business

**585 MACK BAYOU RD
 SANTA ROSA BEACH FL 32459
 US**

Mailing Address

**585 MACK BAYOU RD
 SANTA ROSA BEACH FL 32459
 US**

4 2 6 0 1 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

585 Mack Bayou Rd
 Suite, Apt. #, etc.

3. Mailing Address

585 Mack Bayou Rd
 Suite, Apt. #, etc.

City & State

Santa Rosa Beach FL

City & State

Santa Rosa Bch FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32459

Country

USA

Zip

32459

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCGILL, ROBERT E PA
 36008 EMERALD COAST PKWY
 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 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MITCHELL, STEVE	
STREET ADDRESS	10859 EMERALD COAST PKWY	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEVINEY, DONNA	
STREET ADDRESS	10859 EMERALD COAST PKWY	
CITY-ST-ZIP	DESTIN FL 32541	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Mitchell	
STREET ADDRESS	585 Mack Bayou Rd	
CITY-ST-ZIP	Santa Rosa Bch FL 32459	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Toni Reid	
STREET ADDRESS	585 Mack Bayou Rd	
CITY-ST-ZIP	Santa Rosa Bch FL 32459	
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:

Steve Mitchell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-02 (850) 267-1400

CR2E034 (9/01)