

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

REJECTED
05-06-2002 90163 023 ***150.00
P95000086861

DOCUMENT # **P95000086861**

1. Entity Name

Destinations Realty and Recreation Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1771 N. Congress Ave
Suite, Apt. #, etc.

3. Mailing Address

1771 N. Congress Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boynton Beach FL

City & State

Boynton Beach FL

4. FFI Number

65-0628508

Applied For

Not Applicable

Zip

33426

Country

US

Zip

33426

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ambridge, Kathleen

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

7307 Shell Ridge Terrace

City

LAKE WORTH

State

FL

Zip

33467

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<i>P/O.</i>
NAME	<i>Ambridge, Kathleen</i>
STREET ADDRESS	<i>7307 Shell Ridge Terrace</i>
CITY-ST-ZIP	<i>LAKE WORTH FL 33467</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<i>V/O</i>
NAME	<i>Stephenson Dinah</i>
STREET ADDRESS	<i>4785 Tree Fern Drive</i>
CITY-ST-ZIP	<i>Delray Beach FL 33445</i>
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)