

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90043 029 ***150.00

DOCUMENT # P96000025685

1. Entity Name
EL DESTINO, INC. OF JEFFERSON COUNTY

Principal Place of Business

**ROUTE 3 BOX 118
 MONTICELLO FL 32344**

Mailing Address

**ROUTE 3 BOX 118
 MONTICELLO FL 32344**

2. Principal Place of Business

187 EL DESTINO RD.

Suite, Apt. #, etc.

3. Mailing Address

187 EL DESTINO RD.

Suite, Apt. #, etc.

City & State

MONTICELLO, FL.

City & State

MONTICELLO, FL.

Zip

32344

Country

JEFFERSON

Zip

32344

Country

JEFFERSON

4. FEI Number

59-3368580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BARRON, THOMAS A
 217 NORTH MONROE STREET
 TALLAHASSEE FL 32301**

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 **Thomas A. Barron**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/02

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 **VSD** ☐ Delete
 NAME **BARRON, THOMAS A**
 STREET ADDRESS **ROUTE 3, BOX 118**
 CITY-ST-ZIP **MONTICELLO FL 32344-9468**

TITLE **PTD** ☐ Delete
 NAME **BARRON, JANE HENDERSON**
 STREET ADDRESS **ROUTE 3, BOX 118**
 CITY-ST-ZIP **MONTICELLO FL 32344-9468**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **187 EL DESTINO RD.**
 CITY-ST-ZIP **MONTICELLO, FL. 32344**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **187 EL DESTINO RD**
 CITY-ST-ZIP **MONTICELLO, FL. 32344**

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 NAME
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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS A. BARRON

Date

4/20/02

Daytime Phone #

(850) 671-0658

CR2E034 (9/01)