

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058865

1. Entity Name

IN THE PINES OF DESTIN, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90162 004 \*\*\*150.00

Principal Place of Business

Mailing Address

12A COMMERCE DRIVE  
 DESTIN FL 32541  
 US

PO BOX 5404  
 DESTIN FL 32540-5404  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1234 Airport Road  
 Suite, Apt. #, etc.  
 121

P.O. Box 5495  
 Suite, Apt. #, etc.

City & State

City & State

Destin FL

Destin FL

4. FEI Number

59-3400392

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

Zip

Country

32541

USA

Zip

Country

32540

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CADENHEAD, CHRIS  
 420 E. PINE AVE.  
 CRESTVIEW FL 32539

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  Delete  
 NAME RUSHING, JOHN R  
 STREET ADDRESS 1234 AIRPORT RD  
 CITY-ST-ZIP DESTIN FL 32541

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME CADENHEAD, CHRIS  
 STREET ADDRESS 420 E. PINE AVE.  
 CITY-ST-ZIP CRESTVIEW FL 32539

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME JONES, WAYNE  
 STREET ADDRESS 1234 AIRPORT RD.  
 CITY-ST-ZIP DESTIN FL 32541

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME RILEE, JOHN K  
 STREET ADDRESS 433 CALHOUN AVE  
 CITY-ST-ZIP DESTIN FL 32541

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME BLUE JR, F LLOYD  
 STREET ADDRESS 1077 INDIAN TRAIL  
 CITY-ST-ZIP DESTIN FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-2000

907-857-7903

CR2E034 (9/99)