

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

2. Principal Place of Business

3. Mailing Address

1234 Airport Road

P.O. Box 5495

Suite, Apt. #, etc.

Suite, Apt. #, etc.

121

City & State

City & State

Destin, FL

Destin, FL

Zip

Country

Zip

Country

32541

USA

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS BLUE JR, F LLOYD
CITY-ST-ZIP 1077 INDIAN TRAIL
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-2000

857-7903

CR2E034 (9/99)