

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002548

1. Entity Name

DESTINATIONS REALTY, INC.

Principal Place of Business

Mailing Address

8301 ELM PARK DRIVE #634
ORLANDO FL 32821

8301 ELM PARK DRIVE #634
ORLANDO FL 32821-6418

2. Principal Place of Business

8002 Glitter Ct

3. Mailing Address

P.O. Box 22871

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32836

Country

USA

Zip

32830

Country

USA

4. FEI Number

59-3484994

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYD, ELIZABETH G
8301 ELM PARK DRIVE #634
ORLANDO FL 32821

7. Name and Address of New Registered Agent

Name Elizabeth G. Thomson

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

8002 Glitter Ct.

City Orlando

FL

Zip Code

32836

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

Elizabeth G. Thomson, President

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

(NOTE: Registered Agent signature required when reinstating)

3-12-00

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

P	BOYD, ELIZABETH G	<input checked="" type="checkbox"/> Delete
ADDRESS	8301 ELM PARK DR #634	
ST-ZIP	ORLANDO FL 32821	
		<input type="checkbox"/> Delete
ADDRESS		
ST-ZIP		
		<input type="checkbox"/> Delete
ADDRESS		
ST-ZIP		
		<input type="checkbox"/> Delete
ADDRESS		
ST-ZIP		
		<input type="checkbox"/> Delete
ADDRESS		
ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P	Elizabeth G. Thomson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8002 Glitter Court	
STREET ADDRESS	Orlando, FL 32836	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
furnished 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:

Elizabeth G. Thomson, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-12-00 (407)903-1671

Daytime Phone #

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90078 001 ***150.00



DO NOT WRITE IN THIS SPACE