

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009526

1. Entity Name

DESTIN HARBOR YACHTS, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90015 024 ***550.00

Principal Place of Business

299 HWY 98 EAST
DESTIN FL 32541

Mailing Address

299 HWY 98 EAST
DESTIN FL 32541

2. Principal Place of Business

320 Hwy 98

3. Mailing Address

P.O. Box 38

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Destin Florida

City & State

Destin Florida

4. FEI Number

59-3493881

Applied For

Not Applicable

Zip

32541

Country

US

Zip

32540

Country

US

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HASLETT, JOHN B
2 COUNTRY CLUB DRIVE
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

John B. Haslett

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

320 Hwy 98

City

Destin

FL

Zip Code

32541

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	ST	<input type="checkbox"/> Delete
NAME	HASLEH, KIMBERLY	
STREET ADDRESS	2 COUNTRY CLUB DR.	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	P	<input type="checkbox"/> Delete
NAME	HASLEH, JOHN B	
STREET ADDRESS	2 COUNTRY CLUB DR.	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haslett, Kimberly	
STREET ADDRESS	2 Country Club Dr.	
CITY-ST-ZIP	Destin, FL 32541	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haslett, John B.	
STREET ADDRESS	2 Country Club Dr.	
CITY-ST-ZIP	Destin FL 32541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kimberly Haslett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00 8506549100

Date

Daytime Phone #

CR2E034 (5/00)