

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073875

1. Entity Name

DESTIN CONDOS, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90923 040 ***150.00

Principal Place of Business

Mailing Address

155 CRYSTAL BEACH DR
SUITE A215
DESTIN FL 32541
US

101 MANTERO WAY
DESTIN FL 32541-3724

2. Principal Place of Business

852 HIGHWAY 98 EAST

3. Mailing Address

P.O. BOX 5326

Suite, Apt. #, etc.

STORE #23

Suite, Apt. #, etc.

City & State
DESTIN, FLORIDA

City & State
DESTIN, FLORIDA

4. FEI Number 59-3533132

Applied For
Not Applicable

Zip
32541

Country
OKALOOSA

Zip
32540

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARMAN, ANDREW H
155 CRYSTAL BEACH DR
SUITE A215
DESTIN FL 32541

Name
ALICE HARMAN WAMPOLD

Street Address (P.O. Box Number is Not Acceptable)
852 HIGHWAY 98 EAST

STORE #23

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 *Alice Harman Wampold* ALICE HARMAN WAMPOLD 04/28/00
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 P
NAME HARMAN, ANDREW H
STREET ADDRESS 101 MANTERO WAY
CITY-ST-ZIP DESTIN FL 32541 ☒ Delete

TITLE P
NAME CLAIRE ELIZABETH HARMAN
STREET ADDRESS 101 MANTERO WAY
CITY-ST-ZIP DESTIN, FL 32541 ☐ Change ☒ Addition

TITLE VTSD
NAME HARMAN, ALICE E
STREET ADDRESS 4315 CARRIAGE LN
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE VTSD
NAME ALICE HARMAN WAMPOLD
STREET ADDRESS 4315 CARRIAGE LANE
CITY-ST-ZIP DESTIN, FL 32541 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Alice Harman Wampold* ALICE HARMAN WAMPOLD 04/28/00 (850) 650-8685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)