

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106831

1. Entity Name

DESTIN HARBOR TRADING COMPANY

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90146 024 \*\*\*550.00

Principal Place of Business

299 HWY 98 EAST  
DESTIN FL 32541  
US

Mailing Address

299 HWY 98 EAST  
DESTIN FL 32541  
US

2. Principal Place of Business

320 Hwy 98

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 38

Suite, Apt. #, etc.

City & State

Destin Florida

City & State

Destin Florida

Zip

Country

32541

US

Zip

Country

32540

US

4. FEI Number

59-3546924

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HASLETT, JOHN B  
299 HWY 98 EAST  
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

JOHN B HASLETT

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

2 COUNTRY CLUB DRIVE EAST

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.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

9-5-00

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 ☐ Delete

NAME  
P  
HASLETT, JOHN B  
STREET ADDRESS  
2 COUNTRY CLUB DR.  
CITY-ST-ZIP  
DESTIN FL 32541

TITLE ☐ Delete

NAME  
ST  
HASLETT, KIMBERLY J  
STREET ADDRESS  
2 COUNTRY CLUB DR.  
CITY-ST-ZIP  
DESTIN FL 32541

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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

7-25-00

Date

850-654-9100

Daytime Phone #

CR2E034 (5/00)