## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jun 23, 2000 8:00 am Secretary of State 06-23-2000 90105 045 \*\*\*558.75 DOCUMENT # P99000066392 1. Entity Name

Principal Place	of Business	Mailing Address					
0859 EMERALD COAST PARKWAY SUITE 4-325 DESTIN FL 32541		10859 EMERALD COAST PARKWAY SUITE 4-325 DESTIN FL 32541-7869		325	D.0.	τω <sub>V</sub> υ -	
2. Principal Place	ack Bayou Rd.	3. Mailing Address					
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SPACE	
City & State	sa Beach, FL 32459	City & State	City & State		59-3591067	<del> </del>	plied For t Applicable
3245°	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add Fee Required	
دهاسیجیرا پ	6. Name and Address of Current F	Registered Agent	Name		/. Name and Address of New Re	gistered Agent	····
MCGILL, ROBERT E III				Street Address (P.O. Box Number is Not Acceptable)			
36008 EMERALD COAST PARKWAY SUITE 301						- 14: A	
DESTIN	I FL 32541			36006 Emerald Coast PKM Suite 301			
			City	<del>2051</del> "	<u> </u>	FL 322	541
8. The above no	amed entity submits this statement for	the purpose of changing its	registered office of	or registered	agent, or both, in the State of Flori	da.	
SIGNATURE							. '
SignArone	gnature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent signs	ature required who	en 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!  After MAY 1, 200  Make Check Payab				550.00	10. Election Campaign Final Trust Fund Contribution.		May Be to Fees
11,	OFFICERS AND I		12.		ADDITIONS/CHANGES TO OFFIC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Char	Presidut/Secretary Ti lie S. Mitchell Mack Bayou Rd. Rosca Beach, FL	3 <i>245</i> 9	Addition
	lice President Dylvia Sackson 146 Lala Circle Destin FL 325	P Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Presid A.Sh 585 n	lentICEO neridan Lowney Mack Bayou Rd.	, II Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	TOTAL STATE OF THE	☐ Ďelete	NAME STREET ADDRESS CITY-ST-ZIP		an e e e e e e e e e e e e e e e e e e e		. ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
indicated or	tify that the information supplied with in this report or supplemental report is tration or the receiver or trustee empo	true and accurate and that n	ny signature shall.	have the sar	ne legal effect as if made under oa	ath: that I am an officer	or director

SIGNATURE: 1

DESTIN SHOWCASE REALTY, INC.