

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90097 026 \*\*\*150.00

**DOCUMENT # P99000066392**

1. Entity Name

**DESTIN SHOWCASE REALTY, INC.**

Principal Place of Business

**585 MACK BAYOU RD  
 SANTA ROSA BEACH FL 32459  
 US**

Mailing Address

**10859 EMERALD COAST PARKWAY SUITE 4-325  
 DESTIN FL 32541**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 6189**

Suite, Apt. #, etc.

City & State

City & State

**Destin FL**

Zip

Country

Zip

Country

**32550**

**Walton**

4. FEI Number

**59-3591067**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MCGILL, ROBERT E III  
 36008 EMERALD COAST PKY, STE 301  
 DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 \$150.00**  
**After MAY 1, 2001 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

TITLE **VPST** ☐ Delete  
 NAME **MITCHELL, CHARLIE S**  
 STREET ADDRESS **585 MACK BAYOU RD**  
 CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE **PCEO** ☐ Delete  
 NAME **LOWNEY, SHERIDAN A II**  
 STREET ADDRESS **585 MACK BAYOU RD**  
 CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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 **PCEO** ☒ Change ☐ Addition  
 NAME **Lowrey, Sheridan A. II**  
 STREET ADDRESS **P.O. Box 6189**  
 CITY-ST-ZIP **Destin, FL 32550**

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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 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: A. Sheridan Lowrey II** **4-16-01** **850-267-2550**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

0468335