

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**  
 05-19-2002 90234 025 \*\*\*150.00

**DOCUMENT # V54235**

1. Entity Name  
**DESTIN DINER, INC.**

Principal Place of Business  
**34876 EMERALD COAST PKWY**  
**DESTIN FL 32541**  
**US**

Mailing Address  
**P.O. BOX 778**  
**SHALIMAR FL 32579**  
**US**

2. Principal Place of Business  
**HIGHWAY 98 EAST**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1217 AIRPORT ROAD**  
 Suite, Apt. #, etc.  
**SUITE 419**

City & State  
**DESTIN FL**  
 Zip  
**32541**  
 Country  
**OKALOOSA**

City & State  
**DESTIN FL**  
 Zip  
**32541**  
 Country  
**OKALOOSA**

4. FEI Number  
**59-3138019**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**CLARY, CHARLES W**  
**19 OLD FERRY RD**  
**SHALIMAR FL 32579**

## 7. Name and Address of New Registered Agent

Name  
**PHILLIPS, RUPERT E.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1713 GIANT SYCAMORE LANE**  
 City  
**BAKER FL** Zip Code  
**32531**

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 *Rupert E. Phillips* **RUPERT E. PHILLIPS** **4-27-02**  
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, 2002 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  
**P**  
 NAME  
**CLARY, CHARLES W**  
 STREET ADDRESS  
**1083 HIGHWAY 98 E**  
 CITY-ST-ZIP  
**DESTIN FL** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
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 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**D** ☐ Change ☒ Addition  
 NAME  
**PHILLIPS, RUPERT E**  
 STREET ADDRESS  
**P.O. Box 219**  
 CITY-ST-ZIP  
**BAKER, FL 32531**

TITLE  
**D** ☐ Change ☒ Addition  
 NAME  
**MCKELVY, WILLIAM R**  
 STREET ADDRESS  
**P.O. Box 217**  
 CITY-ST-ZIP  
**BAKER, FL 32531**

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

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

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

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: *Rupert E. Phillips* **MANAGER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-02** **(85) 650-5201**  
Date Daytime Phone #

CR2E034 (9/01)