

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

03-05-2002 90010 031 ****61.25

DOCUMENT # 713002

1. Entity Name

BOYS AND GIRLS CLUBS OF THE EMERALD COAST, INC.

Principal Place of Business

923 DENTON BLVD
 FT WALTON BEACH FL 32547-1652

Mailing Address

923 DENTON BLVD
 FT WALTON BEACH FL 32547-1652

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-1267050

Applied For

Not Applicable

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

KINLAW, JAMES
328 SUNNY LANE
MARY ESTHER FL 32569

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

James M. Kinlaw

James Kinlaw

2-7-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHALKER, GERRY	
STREET ADDRESS	REGIONS BANK 2 EGLIN PKWY	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	1VPD	<input type="checkbox"/> Delete
NAME	SARL, PETE	
STREET ADDRESS	7 VINE STREET	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	PED	<input type="checkbox"/> Delete
NAME	CHAVEZ, DENNIS	
STREET ADDRESS	35008 EMERALD COAST PKWY	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SINER, MARK	
STREET ADDRESS	112 TRUXTON AV	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KINLAW, JAMES M	
STREET ADDRESS	328 SUNNY LANE	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	DILLMAN, WILLIAM D	
STREET ADDRESS	6 C HOLLYWOOD BLVD	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	

TITLE	2 nd VC D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tedesco, Pam	
STREET ADDRESS	PO Box 1598	
CITY-ST-ZIP	Santa Rosa Beach, FL 32459	
TITLE	3 rd VC D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Saal, Pete	
STREET ADDRESS	7 Vine Street	
CITY-ST-ZIP	Fort Walton Beach, FL 32548	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chavez, Dennis	
STREET ADDRESS	35008 Emerald Coast Parkway	
CITY-ST-ZIP	Destin, FL 32541	
TITLE	1 st VC D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Siner, Mark	
STREET ADDRESS	112 Truxton Avenue	
CITY-ST-ZIP	Fort Walton Beach, FL 32547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dillman, William D.	
STREET ADDRESS	6 C Hollywood Blvd	
CITY-ST-ZIP	Fort Walton Beach, FL 32548	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

James Kinlaw

2-7-02

850-862-1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)