

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90115 014 ****61.25

DOCUMENT # 733855

1. Entity Name

EMERALD ISLE CLUB, INC.

Principal Place of Business

Mailing Address

770 SUNDIAL COURT
 FORT WALTON BCH. FL 32548-6063

770 SUNDIAL COURT
 FORT WALTON BCH. FL 32548-6708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1010054

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORSENTINO, CHARLES A
BEACON RESORT MANAGEMENT
1114 SANTA ROSA BLVD
FT WALTON BCH FL 32548

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

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 Delete
 NAME **P MALONE, PATRICIA**
 STREET ADDRESS **770 SUNDIAL COURT**
 CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LEVERETTE, JIMMILU**
 STREET ADDRESS **770 SUNDIAL COURT**
 CITY-ST-ZIP **FWB FL 32548**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BARKER, ROYCE**
 STREET ADDRESS **67 LINWOOD RD**
 CITY-ST-ZIP **FWB FL 32547**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD HENDRICKS, JEANETTE**
 STREET ADDRESS **326 BROOKS ST.**
 CITY-ST-ZIP **FWB FL 32547**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HILLERUD, ROBERT**
 STREET ADDRESS **770 SUNDIAL COURT**
 CITY-ST-ZIP **FWB FL 32548**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD PEARL, DEL**
 STREET ADDRESS **770 SUNDIAL COURT**
 CITY-ST-ZIP **FWB FL 32548**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Patricia Malone
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00 850-664-6641
 Date Daytime Phone #

CR2E037 (9/99)