

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016758 AF

DOCUMENT # A00000001270

1. Entity Name

EMERALD COAST CORNER, LTD.

FILED

01 APR 30 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

385 HWY 98 EAST, STE 60  
DESTIN FL 32541

Mailing Address

385 HWY 98 EAST, STE 60  
DESTIN FL 32541

2. Principal Place of Business

4460 Legendary Dr.

3. Mailing Address

4460 Legendary Dr.

Suite, Apt. #, etc.

Ste. 400

Suite, Apt. #, etc.

Ste. 400

City & State

Destin, FL

City & State

Destin, FL

4. FEI Number

59-3664797

Applied For

Not Applicable

Zip

32541

Country

USA

Zip

32541

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEGLER, MITCHELL W  
300A WHARFSIDE WAY  
JACKSONVILLE FL 32207

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.

(NOT Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$5,001,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$2,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P99000026028  
NAME EMERALD COAST INVESTORS, INC.  
STREET ADDRESS 385 HWY 98E, STE 60  
CITY-ST-ZIP DESTIN FL 32541

13. ADDRESS CHANGES ONLY

STREET ADDRESS 4460 Legendary Dr., Ste. 400  
CITY-ST-ZIP Destin, FL 32541

DOCUMENT #  
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Peter H. Bos*

Peter H. Bos

4/25/01

850-337-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)