

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90034 017 ****61.25

DOCUMENT # N31195

1. Entity Name

EMERALD COAST REGIONAL MUSTANG CLUB, INCORPORATE

Principal Place of Business	Mailing Address
P O BOX 4431 P. O. BOX 4431 FORT WALTON BEACH FL 32549 US	P O BOX 4431 P. O. BOX 4431 FORT WALTON BEACH FL 32549-4431 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business SAME AS ABOVE		3. Mailing Address SAME AS ABOVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BRAWNER, ERIC
17 BENS LANE
EGLIN AFB FL 32542

7. Name and Address of New Registered Agent

Name **RON SAVOIE**

Street Address (P.O. Box Number is Not Acceptable)
1110 RITA LANE

City **Niceville** FL Zip Code **32578**

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 *Ron Savoie* **RON SAVOIE** DATE **2/17/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: SEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BRAWNER, ERIC	
STREET ADDRESS	17 BENS LANE	
CITY-ST-ZIP	EGLIN AFB FL 32542	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, BILL	
STREET ADDRESS	402 JOELLEN LANE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SAVOIE, DONNA K	
STREET ADDRESS	1110 RITA LANE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	FUTRELL, CHUCK	
STREET ADDRESS	12 SECOND ST	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	WEINSTOCK, DIANA	
STREET ADDRESS	792 E JOHN SIMS PKWY	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	BM	<input type="checkbox"/> Delete
NAME	GRATER, RAY	
STREET ADDRESS	ROUTE 3 #2 ENDA LANE	
CITY-ST-ZIP	MARY ESTHER FL 32569	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON SAVOIE	
STREET ADDRESS	1110 RITA LANE	
CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIC BRAWNER	
STREET ADDRESS	17 BENS LANE	
CITY-ST-ZIP	EGLIN AFB, FL 32542	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA K. SAVOIE	
STREET ADDRESS	1110 RITA LANE	
CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	BM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bobby Foller	
STREET ADDRESS	4017 Painter Branch Rd.	
CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	BM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Hill	
STREET ADDRESS	306 HATCHEE Rd.	
CITY-ST-ZIP	EGLIN AFB, FL. 32542	
TITLE	BM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY GRATER	
STREET ADDRESS	Route 3 #2 Enda Lane	
CITY-ST-ZIP	MARY ESTHER, FL 32569	

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: *Ron Savoie* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** DATE **2/17/00** (850) 678-1978

CR2E037 (9/99)