01 UNIFORM BUSINESS REPORT (UBR)

UMENT # N31195 1. E lity Name

EMERALD COAST REGIONAL MUSTANG CLUB, INCORPORATE

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

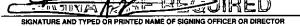
FILED Apr 09, 2001 8:00 am Secretary of State

04-09-2001 90035 015 ****61.25



2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number NOT APPLICABLE			⊢	Applied For Not Applicable	
Zip		Country	Zip	Country			5. Certificate	of Status Desir		\$8.75 Add Fee Require	
-	6. Name	and Address of Current	Registered Agent		· -		7. Name and	Address of N	ew Registered /	Agent	
					Name	BRAW	NER, ERIC				
					Street A						
savoie, f		•		17-6			(P.O. Box Number is Not Acceptable) BENS LN				
1110 RITA										1	
NICEVILLE	E FL 32578		City							Zin Cod	e
					City	EGLI	N AFB		FL	. ^z ÿ254	12
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.											
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l 10							2-5-01				
SIGNATURE.		- N#=									
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 \$5.0 Trust Fund Contribution.			O May Be to Fees Department of State					
		OFFICED AND D	DECTORS	B 44			VDDITIONS (CH	NIGES TO DE	FICERS AND DI	BECTORS IN	110
10.	DD.	OFFICERS AND DI		11.		רים <u>'</u>	ADDITIONS/CHA	ANGES TO OF		☐ Change	Addition
TITLE	PD CANOIE DON		□ Delete	TITLE NAME		BRAW	NER, ERI	C	•	C Change	CT Magnion
NAME	SAVOIE, RON			STREET ADDRESS		17 B!	ENS LN				
STREET ADDRESS CITY-ST-ZIP	1110 RITA LN NICEVILLE FL 32578			CITY-ST-ZIP		EGL I	N AFB, FL	. 32542			
		E FL 323/6	ΓM 2.1.1	_		VPD				Change	Addition
TITLE	VPD EDIC		□XI Delete	TITLE NAME		İBRTAI	N HILL			ondings	A Noumon
NAME STREET ADDRESS	BRAWNER, ERIC			STREET ADDRESS			HATCHEE ROAD				
STREET ADDRESS	1		ستنبيست بوديا يربي تنفار		Y-ST-ZIP - ·		N-AFB,FL		- بى سىسىيە		
	TD EGLIN AF	B FL 32342		TITL		TD		OLOTE		☐ Change	★ Addition
TITLE	SAVOIE, I	JONNA K	Delete	NAA			NSTOCK, D	TANΔ		- Ournâg	AL / Notice
name Street address	1110 RITA				EET ADORESS	792	E. JOHN	SIMS PKI	dΥ		
CITY-ST-ZIP		E FL 32578			Y-ST-ZIP	NĪĒE	E JOHN VILLE, F	Ľ 3257	8		}
TITLE	BM	2 1 E 32010	☐ Delete	TITL	F	-				☐ Change	Addition
NAME	FELLER, I	RORRY	□ Delete	NAN						_	
STREET ADDRESS		NTER BRANCH RD			EET ADDRESS			•			
CITY-ST-ZIP		W FL 32539			Y-ST-ZIP						
TITLE	BM		☑ Delete	TITL	.E	ВМ				☐ Change	★ Addition
NAME	HILL, BRI	AN	RET DEIETE	NAN		ZIEL	, BILL				_
STREET ADDRESS				STRE		P.O.	BOX 2220				
CITY-ST-ZIP				CITY	Y-ST-ZIP	SANT	'A ROSA BI	EACH, FL	. 32459		
TITLE	BM		☐ Delete	TITL	.E	T .		-		Change	Addition
NAME	GRATER,	RAY	L Doloto	NAN							
STREET ADDRESS		#2 ENDA LANE			EET ADDRESS						ľ
CITY-ST-ZIP	1.	THER FL 32569		CITY	Y-ST-ZIP)
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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.



2-5-01

Date

850-651-8916

Daytime Phone #