

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90168 043 \*\*\*\*61.25

**DOCUMENT # N31195**

1. Entity Name

**EMERALD COAST REGIONAL MUSTANG CLUB, INCORPORATE  
D**

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  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRAWNER, ERIC  
17 BENS LANE  
EGLIN AFB FL 32542**

Name **BRIAN HILL**

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

**993 BRINKLEY CT.**

City **FT. WALTON BEACH**

**FL**

Zip Code **32547**

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:

*Brian Hill* **Brian Hill**

**07 MAR 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**  Delete  
NAME **BRAWNER, ERIC**  
STREET ADDRESS **17 BENS LANE**  
CITY-ST-ZIP **EGLIN AFB FL 32542**

TITLE **BM**  Change  Addition  
NAME **BRAWNER, ERIC**  
STREET ADDRESS **17 BENS LANE**  
CITY-ST-ZIP **EGLIN AFB, FL 32542**

TITLE **VPD**  Delete  
NAME **HILL, BRIAN**  
STREET ADDRESS **308 HATCHEE ROAD**  
CITY-ST-ZIP **EGLIN AFB FL 32542**

TITLE **PD**  Change  Addition  
NAME **HILL, BRIAN**  
STREET ADDRESS **993 BRINKLEY CT.**  
CITY-ST-ZIP **FT. WALTON BEACH, FL 32547**

TITLE **TD**  Delete  
NAME **WEINSTOCK, DIANA**  
STREET ADDRESS **792 E JOHN SIMS PARKWAY**  
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **VPD**  Change  Addition  
NAME **AMOS, PAUL**  
STREET ADDRESS **101 HATCHEE RD.**  
CITY-ST-ZIP **EGLIN AFB, FL 32542**

TITLE **BM**  Delete  
NAME **FELLER, BOBBY**  
STREET ADDRESS **4017 PAINTER BRANCH RD**  
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **BM**  Change  Addition  
NAME **WOODCOCK, JACK**  
STREET ADDRESS **209 HUDSON CIRCLE**  
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **BM**  Delete  
NAME **ZIEL, BILL**  
STREET ADDRESS **P O BOX 2220**  
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE **BM**  Change  Addition  
NAME **SAVOIE, RON**  
STREET ADDRESS **1110 RIVA LANE**  
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **BM**  Delete  
NAME **GRATER, RAY**  
STREET ADDRESS **ROUTE 3 #2 ENDA LANE**  
CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE **BM**  Change  Addition  
NAME **YAUGHN, TONY**  
STREET ADDRESS **P.O. BOX 539**  
CITY-ST-ZIP **SHALIMAR, FL 32579**

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:

*Brian Hill* **Brian Hill**

**07 MAR 02 (850) 862-5895**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)