

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N99000005227

1. Entity Name

EMERALD COAST POKER RUN, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

04-29-2000 90006 009 ****61.25

Principal Place of Business

116 HWY 98 EAST
DESTIN FL

Mailing Address

~~116 HWY 98 EAST~~ P.O. Box 1732
DESTIN FL ~~32541-2311~~ 32540

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 1732

Suite, Apt. #, etc.

City & State

Destin FL

Zip 32540

Country USA

4. FEI Number

59-3594226

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

Scheyd

SCHERYD, JOSEPH M JR.

305 MAIN STREET 1221 AIRPORT RD
DESTIN FL 32541

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHAIRMAN
Hubert A. Laird D
PO Box 1715
Destin, FL 32540

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JOHN REINHOLD D
530 DOLPHIN AVE.
FT. WALTON BEACH, FL 32548

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

KEVIN LOCHT D
151 MARY ESTHER BLVD. ST 301
MARY ESTHER, FL 32569

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE REQUIRED

4-26-00

850 837 6457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)