

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 322468

1. Entity Name

EMERALD COAST INVESTMENTS OF NORTHWEST FLORIDA,

Principal Place of Business

FIRST NATIONAL BANK
29 EGLIN PARKWAY
FT WALTON BEACH FL 32548

Mailing Address

FIRST NATIONAL BANK
29 EGLIN PARKWAY
FT WALTON BEACH FLA 32548

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

59-1493975

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

BEASLEY, J LARRY SR.
29 N EGLIN PKWY
FT WALTON BEACH FL 32549

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TRINGAS JAMES J	
STREET ADDRESS	29 EGLIN PARKWAY	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	TRINGAS, JOHN J.	
STREET ADDRESS	29 N. EGLIN PKY	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	PDT	<input type="checkbox"/> Delete
NAME	BEASLEY, LARRY J SR	
STREET ADDRESS	29 N. EGLIN PKY	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GIBSON, SCOTT J	
STREET ADDRESS	29 EGLIN PKWY	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRINGAS, ALEX J	
STREET ADDRESS	29 EGLIN PKWY	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRINGAS, LARK	
STREET ADDRESS	29 N. EGLIN PKY	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

(850) 796-2000

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90376 019 ***150.00