

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90697 002 ****61.25

DOCUMENT # 715479

1. Entity Name

**THE UNITARIAN UNIVERSALIST FELLOWSHIP OF THE EME
RALD COAST INC.**



Principal Place of Business

Mailing Address

**1295 BAYSHORE DRIVE
VALPARAISO FL 32580**

**P.O. BOX 205
VALPARAISO FL 32580
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 **59-2344018**

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

**RUNAR, LARS
224 SNUG HARBOR DR.
SHALIMAR FL 32579**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **GARCIA, ALEX**
STREET ADDRESS **13 NORTH DRIVE**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **PD** ☒ Change ☐ Addition
NAME **LYNN ROBERTS**
STREET ADDRESS **188 SHORE DR.**
CITY-ST-ZIP **DESTIN. FL 32550**

TITLE **VD** ☒ Delete
NAME **REID, GLORIA**
STREET ADDRESS **606 OVERBROOK DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **VD** ☒ Change ☐ Addition
NAME **DAISY HORN**
STREET ADDRESS **1650 DARKSIDE CIRCLE**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **SD** ☒ Delete
NAME **OLD, BETTY**
STREET ADDRESS **63 TENTH STREET**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **SD** ☒ Change ☐ Addition
NAME **JAN YAMAMOTO**
STREET ADDRESS **224 SNUG HARBOR DR**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **T** ☐ Delete
NAME **FROMMEYER, GAIL**
STREET ADDRESS **431 SPRINGWOOD WAY**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **GAIL FROMMEYER** TREAS. 3/13/03 850-231-2311

CR2E037 (10/02)