

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90176 037 ****70.00

DOCUMENT # 770826

1. Entity Name

**PRIVATE INDUSTRY COUNCIL OF OKALOOSA, SANTA ROSA
 , AND WALTON COUNTY CONSORTIUM INC.**

Principal Place of Business

Mailing Address

1976 LEWIS TURNER BLVD
 FT WALTON BCH FL 32547
 US

1976 LEWIS TURNER BLVD
 FT WALTON BCH FL 32547
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 3091

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Walton Beach, FL

4. FEI Number

59-2326926

Applied For

Not Applicable

Zip

Country

Zip

Country

32547

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

SCOTT, GEORGENE
 14 WALNUT AVE
 SHALIMAR FL 32579

Name

Susan Miller

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

418 Primrose Circle

City

Destin

FL

Zip Code
 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

Susan U. Miller

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/30/02

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	D	<input checked="" type="checkbox"/> Delete
NAME	FLEET, ROBERT G	
STREET ADDRESS	71 1ST CT	
CITY-ST-ZIP	SANTA ROSA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	APLIN, CHARLES	
STREET ADDRESS	120 LOWERY PL	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	OED	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, GEORGENE	
STREET ADDRESS	14 WALNUT AVE	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Fallin	
STREET ADDRESS	507 Pocahontas Drive	
CITY-ST-ZIP	Ft. Walton Beach, FL 32547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michele Burns	
STREET ADDRESS	4 Laguna Street Suite 101	
CITY-ST-ZIP	Ft. Walton Beach, FL 32548	
TITLE	OED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Miller	
STREET ADDRESS	418 Primrose Circle	
CITY-ST-ZIP	Destin, Fl 32541	
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		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02

DATE

Daytime Phone #

CR2E037 (9/01)