

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A27145**

1. Entity Name  
**EMERALD COAST CENTRE, LTD.**



FILED

03 APR -7 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**200 GREEN SPRINGS HWY.  
BIRMINGHAM AL 35209**

Mailing Address  
**200 GREEN SPRINGS HWY.  
BIRMINGHAM AL 35209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-0986636**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GRIMMER, JAMES B.  
78 INDIAN BAYOU DRIVE  
DESTIN FL 32541**

Name

**SAMUEL P. GRIMMER**

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

**14063 EMERALD COAST PKWY.**

**EMERALD COAST CENTRE, LTD.**

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

SIGNATURE *Samuel P. Grimmer*

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

DATE

9. Capital Contributions as Shown on record. **\$800.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **M95000000044**  
NAME **GRC MANAGEMENT, LIMITED COMPANY**  
STREET ADDRESS **14063 EMERALD COAST PKWY.**  
CITY-ST-ZIP **DESTIN FL 32541**

STREET ADDRESS

CITY-ST-ZIP

**800015325248**

**04/07/03--01001--013 \*\*141.25**

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Samuel P. Grimmer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE