

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90014 008 ***150.00

0588839 AT

DOCUMENT # L67512

1. Entity Name

FINANCE AMERICA OF THE EMERALD COAST, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 276
 MILLIGAN FL 32537**

**P.O. BOX 276
 MILLIGAN FL 32537**

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

59-3009170

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

**ADAMS, TAMMY L
 921 LIGHHOUSE CHURCH ROAD
 HOLT FL 32564**

Name **George R Saunders**
 Street Address (P.O. Box Number is Not Acceptable)
5040 Balliver Cutoff
 City **Baker** FL Zip Code **32531**

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	SANDERS, GEORGE R	
STREET ADDRESS	5040 GALLIVER CUTOFF	
CITY-ST-ZIP	BAKER FL 32531	
TITLE	V	<input type="checkbox"/> Delete
NAME	JAMES, DEBORAH	
STREET ADDRESS	5040 GALLIVER CUTOFF	
CITY-ST-ZIP	BAKER, FL 32531	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SAUNDERS, JOHN	
STREET ADDRESS	5040 GALLIVER CUTOFF	
CITY-ST-ZIP	BAKER, FL 32531	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George R. Saunders	
STREET ADDRESS	5040 Galliver Cutoff	
CITY-ST-ZIP	Baker, FL 32531	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McBay, Deborah	
STREET ADDRESS	5040 Balliver Cutoff	
CITY-ST-ZIP	Baker, FL 32531	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Saunders, John	
STREET ADDRESS	5837 Hunting Meadows Dr	
CITY-ST-ZIP	Crestview, FL 32536	
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		
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:

Deborah McBay
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02
 Date

850-537-6136
 Daytime Phone #

CR2E034 (9/01)