STAPLE CHECK HERE

2001 UNIFORM BUSINESS REPORT (UBR)								
DOCUMENT # L9400000406  1. Entity Name								
EMERALD COAST CHARTER SERVICES, L.C.					FILED			
Principal Place	e of Business	Mailing Address		01 JUL 18 AM 8:47				
*200 GULFSHORE DRIVE		C/O HENRY W. MACLIN. J 200 GULFSTIORE-DRIVE DESTIN FL 32541			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business     3. Mailing Address ,			· · · · ·					
Suite, Apt. #, etc. Sui		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State DESTINE		City & State	City & State  OESTIV Fh		S9-3267932	<del>                                      </del>	ied For	
3254		Zip 32541	Country US	<b>4 5.</b> Certi	ficate of Status Desired	\$5.00 Addition	Applicable onal	
	6. Name and Address of Current F	legistered Agent	. [	7. Nam	e and Address of New Registered	Agent		
	and the second s	سني رياد د	Name		11-1171			
MACLIN, HENRY W JR  200 GULF SHORE DRIVE  Street Address					Aurnber is Not Acceptable)	, <u>e</u>		
DES	STIN FL 32541		6 6 City	2 Highw	44 98E # 756	حُ		
				DESTIDE L 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 frinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$50.00					· · · · · · · · · · · · · · · · · · ·			
			,	!! FEE IS \$50.00   4   0   0   0   4   5   3   2   3   4   - 7			15	
			September 26,		*****50.00			
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/CHANGES			
TITLE	MEM	Delete	TITLE	MEM	TO ANNE	Change [	☐ Addition ☐	
NAME STREET ADDRESS	LANE, YO ANNE 120 MANSPIELD COURT		NAME STREET ADDRESS	4510 2	EMINGTON 20		83 (	
CITY-ST-ZIP	ATHENS GA		CITY-ST-ZIP		OMERY, AL 36	116	noitippy	
TITLE	MEM	☐ Delete	TITLE		,,	hange [	□ Addition 5	
NAME STREET ADDRESS	JOHNSON, JOHN		NAME STREET ADDRESS	7910	CORINTHIAN PI			
CITY-ST-ZIP	240 GULF SHORES DR." DESTIN FL 32541		CITY-ST-ZIP					
TITLE	MEM.	Delete	TITLE	MEM	BRADEN COMMEDORE P	☐ Change [	Addition	
STREET ADDRESS 12 N. PARKSWAY: 4200 NORTHSIDE DR			NAME STREET ADDRESS	420	COMMEDORE P.	T. ROI	·· ~	
CITY-ST-ZIP ATTACKS 28327			CITY-ST-ZIP	DESTIN	FL. 32541			
TITLE	MGRM	☐ Delete	TITLE		•	Change [	Addition	
NAME STREET ADDRESS	HENRY MACLIN ASSOCIATES, I . <del>200-culf-chore dri</del> ve	INC.	NAME STREET ADDRESS	662 H	IGUWAY 98 E E	750		
CITY-ST-ZIP	DESTIN FL 32541		CITY-ST-ZIP	055712	En. 32541	. ~		
TITLE		☐ Delete	TITLE	MEM	INVESTMENTS IN 1224 EMERALD L	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	RESORI	1724 EMERALD C	-C) CAST 124	10V. 1.	
CITY-ST-ZIP			CITY-ST-ZIP	OFSTI.	V, FL 32541	~17. pm	er ay	
TITLE 🕏	·· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE				Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
11. I hereby co	ertify that the information supplied with t	his filing does not qualify for t	he exemption sta	ted in Section 119.	07(3)(i), Florida Statutes. I further cer	tify that the infor	rmation	
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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.								
SIGNATURE: 4 VOLG YEST ( COLUMNITY ED 7/16/01 850-454-9304								
	SIGNATURE AND TYPED OF PRINTED NAME OF	SIGNING MANAGING MEMBER, MOUNA	GER, OR AUTHORIZE	D REPRESENTATIVE	Date i D	avtime Phone #		