

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0004028

DOCUMENT # L94000000406

1. Entity Name

EMERALD COAST CHARTER SERVICES, L.C.



FILED

03 JUN -9 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11224 EMERALD COAST PARKWAY
662 HIGHWAY 98 E, #750
DESTIN FL 32541
32550

Mailing Address
11224 EMERALD COAST PARKWAY
662 HIGHWAY 98 E, #750
DESTIN FL 32541
32550



☐ CHECK HERE IF MAKING CHANGES

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	59-3267932	Applied For	Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

MACLIN, HENRY W JR
662 HIGHWAY 98 E, #750
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name
FRANK KOVACH

Street Address (P.O. Box Number Is Not Acceptable)
11224 EMERALD COAST PARKWAY

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 *[Signature]* DATE 6/2/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM LANE, JO ANNE 4510 REMINGTON RD. MONTGOMERY AL 36116	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM JOHNSON, JOHN 291 CORINTHIAN PL. DESTIN FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BRADEN, BETSY 420 COMMODORE PT., RD. DESTIN FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENRY MACLIN ASSOCIATES, INC. 662 HIGHWAY 98 E, #750 DESTIN FL 32541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MGR RESORT INVESTMENTS, INC. 11224 EMERALD COAST PARKWAY DESTIN FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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: *[Signature]* DATE 6/2/03 DAYTIME PHONE # 850 877 6886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)