

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006563

1. Entity Name  
EMERALD COAST DEVELOPMENT GROUP, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 FEB -5 PM 4:46



DO NOT WRITE IN THIS SPACE

MJH

Principal Place of Business  
160 INDUSTRIAL PARK ROAD  
DESTIN FL 32541

Mailing Address  
160 INDUSTRIAL PARK ROAD  
DESTIN FL 32541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3617667

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCKINGHAM, MIKE  
160 INDUSTRIAL PARK ROAD  
DESTIN FL 32541

Name

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

City

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM BUCKINGHAM, MIKE ☐ Delete  
STREET ADDRESS 160 INDUSTRIAL PARK ROAD  
CITY-ST-ZIP DESTIN FL 32541

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MGRM KEENER, DON A ☐ Delete  
STREET ADDRESS 11 CAHABA LANE  
CITY-ST-ZIP DESTIN FL 32541

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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]* REQUIRED

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

1/31/01 850-654-5898  
Date Daytime Phone #

CR2E083 (11/00)