

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90068 036 \*\*\*\*61.25

0002130

DOCUMENT # N00000007167

1. Entity Name

**EMERALD COAST BUSINESS AND PROFESSIONAL WOMEN'S**

Principal Place of Business

8 HARVARD CIRCLE  
PANAMA CITY FL 32405

Mailing Address

8 HARVARD CIRCLE  
PANAMA CITY FL 32405

50361



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

653 W. 23rd Street

Suite, Apt. #, etc.

# 209

3. Mailing Address

653 W. 23rd Street

Suite, Apt. #, etc.

# 209

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32405

Country

USA

Zip

32405

Country

USA

4. FEI Number

59-3565113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COTHRAN, MONICA L  
8 HARVARD CIRCLE  
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

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 \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	President & Director	<input type="checkbox"/> Delete
NAME	Carol Lea Bell	
STREET ADDRESS	112 Oakridge Place	
CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE	First Vice President & Director	<input type="checkbox"/> Delete
NAME	Jodi Harless	
STREET ADDRESS	301 W. 19th St.	
CITY-ST-ZIP	Panama City, FL 32405	
TITLE	Second Vice President & Director	<input type="checkbox"/> Delete
NAME	Tammy Lillard	
STREET ADDRESS	1830 Lisenby Avenue # D	
CITY-ST-ZIP	Panama City, FL 32405	
TITLE	Secretary & Director	<input type="checkbox"/> Delete
NAME	Nicole Cheesbro	
STREET ADDRESS	P.O. Box 209	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	Treasurer & Director	<input type="checkbox"/> Delete
NAME	Tracey Burke	
STREET ADDRESS	501 W. 19th St.	
CITY-ST-ZIP	Panama City, FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Tracey L. Burke, Treasurer

SIGNATURE: Tracey L. Burke

8.15.01

(850) 769-9491

CR2E037 (5/01)

*attachment*

August 15, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Emerald Coast Business and Professional Women's Organization  
EIN: 59-3565113  
Form: 2001 Uniform Business Report  
Document #: N00000007167

Ladies and Gentlemen:

This letter is in response to the resubmission of the 2001 Uniform Business Report for the above entity.

This form, with the check for \$61.25, was originally submitted on April 16, 2001. We recently received the same blank form in the mail. I spoke with a representative of your department and she said the original form was mailed back to **563 W. 23<sup>rd</sup> St. #209**. The correct mailing address per the originally filed form is **653 W. 23<sup>rd</sup> St. #209**. As a result of the transposition, we never received the original form back to acknowledge the Directors of the organization. Please find enclosed the corrected form with the Directors noted.

Please correct our mailing address to **653 W. 23<sup>rd</sup> St. #209, Panama City, FL 32405**.

Your assistance in this matter is greatly appreciated. Please contact me at (850) 769-9491 if there is any additional information required.

Sincerely,

*Tracey L. Burke*

Tracey L. Burke  
Treasurer