

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90221 020 ****70.00

DOCUMENT # N16093

1. Entity Name

MCCOSKRIE/THRESHOLD FOUNDATION, INC.

Principal Place of Business

**25 MIRACLE STRIP PARKWAY SE
C/O HARRY C. ADERHOLT
FT. WALTON BEACH FL 32548**

Mailing Address

**25 MIRACLE STRIP PARKWAY SE
C/O HARRY C. ADERHOLT
FT. WALTON BEACH FL 32548**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2755196

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **N/A**

**ADERHOLT, HARRY C.
25 MIRACLE STRIP PARKWAY SE
FT. WALTON BEACH FL 32548**

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 **N/A**

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **ADERHOLT, HARRY C**
STREET ADDRESS **23 MIRACLE STRIP PKWY**
CITY-ST-ZIP **FT WALTON BCH FL**

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

TITLE **VSD** ☐ Delete
NAME **BAILEY JOYCE**
STREET ADDRESS **114 TROY CIRCLE**
CITY-ST-ZIP **FT. WALTON BEACH FL**

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **Grove, John W.**
CITY-ST-ZIP **1 Lakeside Ct., FWB, FL 32548**

TITLE **VTD** ☐ Delete
NAME **LUTZ, ROLAND H.**
STREET ADDRESS **707 CRESTWOOD ST.**
CITY-ST-ZIP **MARY ESTHER FL**

TITLE ☐ Change ☒ Addition
NAME **Geron, Richard P., Sec. & Treas.**
STREET ADDRESS **930 Gulfshore Dr. #8**
CITY-ST-ZIP **Destin, FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME **HALL, GAYLORD (ex-Treas)**
STREET ADDRESS **FT. WALTON BEACH FL 32548**
CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

SIGNATURE: **HARRY C. ADERHOLT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01 (850) 243-0442
Date Daytime Phone #

CR2E037 (10/00)