

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90049 047 \*\*\*\*70.00

**DOCUMENT # N16093**

1. Entity Name

**MCCOSKRIE/THRESHOLD FOUNDATION, INC.**

Principal Place of Business

Mailing Address

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

**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

Zip

Country

Zip

Country

4. FEI Number

**59-2755196**

Applied For

Not Applicable

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

**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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ADERHOLT, HARRY C	23 MIRACLE STRIP PKWY	FT WALTON BCH FL	<input type="checkbox"/>
VSD	BAILEY JOYCE	114 TROY CIRCLE	FT. WALTON BEACH FL	<input type="checkbox"/>
VTD	LUTZ, ROLAND H.	707 CRESTWOOD ST.	MARY ESTHER FL	<input type="checkbox"/>
VP	GROVE, JOHN W	1 LAKESIDE CT	FORT WALTON BEACH FL 32548	<input type="checkbox"/>
ST	GERON, RICHARD P	930 GULFSHORE DR #8	DESTIN FL 32541	<input type="checkbox"/>
				<input type="checkbox"/>

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

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, and all other like empowered.

**SIGNATURE:**

**RICHARD P GERON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**15 JAN 02**

Date

Daytime Phone #

**(850) 654-1834**

CR2E037 (9/01)