

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48143

1. Entity Name

EMERALD COAST CONVENTION AND VISITORS BUREAU, IN

Principal Place of Business

Mailing Address

1540 MIRACLE STRIP  
PARKWAY S.E.  
FT. WALTON BEACH FL 32548  
US

P.O. BOX 609  
FT. WALTON BEACH FL 32549-0609  
US

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

NOT APPLICABLE

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

HALL, STEVEN K  
36468 EMERALD COAST PARKWAY  
2201  
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 \$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

TITLE D  
NAME JONES, CATHY  
STREET ADDRESS 431 CARDINAL AVE  
CITY-ST-ZIP FT WALTON BEACH FL 32548 ☐ Delete

TITLE D  
NAME NICHOLSON, NICK  
STREET ADDRESS 1804 LEWIS TURNER BLVD., STE. 100  
CITY-ST-ZIP FT WALTON BEACH FL 32547 ☐ Delete

TITLE PD  
NAME JONES, DARREL C  
STREET ADDRESS 1540 MIRACLE STRIP PWY, SE  
CITY-ST-ZIP FT. WALTON BEACH FL 32548 ☐ Delete

TITLE D  
NAME MOODY, CAROL  
STREET ADDRESS 194 HIGHWAY 98 EAST  
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE D  
NAME LOFE, PHILIP  
STREET ADDRESS 500 GULF SHORE DRIVE  
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE VPD  
NAME DECKERT, RICK  
STREET ADDRESS 202 SOTIR ST  
CITY-ST-ZIP FORT WALTON BEACH FL 32548 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐

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

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 16, 2000 8:00 am  
Secretary of State

02-16-2000 90133 036 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

1-(850)-651-

713.