

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N48143

FILED
Jul 21, 2003
Secretary of State

Entity Name: EMERALD COAST CONVENTION AND VISITORS BUREAU, INC. DESTIN / FORT WALTON BEACH, FLORIDA

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 609
FT. WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HALL, STEVEN K
36468 EMERALD COAST PARKWAY
2101
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, CATHY
Address: 431 CARDINAL AVE
City-St-Zip: FT WALTON BEACH, FL 32548

Title: D () Delete
Name: NICHOLSON, NICK
Address: 1804 LEWIS TURNER BLVD., STE. 100
City-St-Zip: FT WALTON BEACH, FL 32547

Title: PD () Delete
Name: JONES, DARREL C
Address: 1540 MIRACLE STRIP PWY, SE
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: D () Delete
Name: MOODY, CAROL
Address: 194 HIGHWAY 98 EAST
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: LOFE, PHILIP
Address: 500 GULF SHORE DRIVE
City-St-Zip: DESTIN, FL 32541

Title: CD () Delete
Name: DECKERT, RICK
Address: 202 SOTIR ST
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PAINE, KEN
Address: 321 HIGHWAY 98 E.
City-St-Zip: DESTIN, FL 32541

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARREL JONES

PD

07/21/2003

Electronic Signature of Signing Officer or Director

_____ Date