

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002349

1. Entity Name

EMERALD COAST SINGLETONS, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90042 017 ****61.25

Principal Place of Business Mailing Address
P.O. BOX 4564 P.O. BOX 4564
FT. WALTON BEACH FL 32549-4564 FT. WALTON BEACH FL 32549-4564



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 59-3168084

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

WOOD, SANDRA S
1522 ROYAL PALM DR
NICEVILLE FL 32578

Name John M. Whalen
Street Address (P.O. Box Number is Not Acceptable)
1120 Quail Cir
City DESTIN FL Zip Code 32541

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 *John M. Whalen* John M. Whalen TREASURER Feb 9, 2000
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	P	<input checked="" type="checkbox"/> Delete
NAME	TOWNSEND, BETTY A	
STREET ADDRESS	202 GULFWINDS CT	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LEAKE, LOUISE R	
STREET ADDRESS	114 MAINSAIL DR #165	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WOOD, SANDRA S	
STREET ADDRESS	1522 ROYAL PALM DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KNIGHT, DOTTIE	
STREET ADDRESS	1400 22ND ST	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAYS, ORBIE	
STREET ADDRESS	1058 LAKE WAY DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DRIVER, SYLVIA	
STREET ADDRESS	635 EMERALD LANE	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thursby, Bill	
STREET ADDRESS	827 Lake Amick Dr	
CITY-ST-ZIP	Niceville, FL, 32578	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANLON, LEONARD	
STREET ADDRESS	502 23rd Street	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Whalen, John M.	
STREET ADDRESS	1120 Quail Cir	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shaner, AUN	
STREET ADDRESS	83 CATAMARAN	
CITY-ST-ZIP	Shalimar, FL 32579	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARR, Pete	
STREET ADDRESS	203 Bent Arrow Dr.	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Holzschuh, Judy	
STREET ADDRESS	412 Rhonda Kay Ct.	
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	

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: *John M. Whalen* REQUIRED John M. Whalen TREASURER Feb 9, 2000 850-837-1664
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)