

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90001 018 \*\*\*\*61.25

**DOCUMENT # N93000002349**

1. Entity Name

**EMERALD COAST SINGLETONS, INC.**

Principal Place of Business

P.O. BOX 4564  
 FT. WALTON BEACH FL 32549-4564

Mailing Address

P.O. BOX 4564  
 FT. WALTON BEACH FL 32549-4564

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3168084**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**WHALEN, JOHN M**  
**1120 QUEST CIRCLE**  
**DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name **Holzschuh, Judy A**  
 Street Address (P.O. Box Number is Not Acceptable)  
**412 Rhonda Kay Ct.**

City **Ft. Walton Beach, FL** Zip Code **32547**

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	P	<input checked="" type="checkbox"/> Delete
NAME	THURSTY, BILL	
STREET ADDRESS	827 LAKE AMICK DR	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HANLON, LEONARD	
STREET ADDRESS	502 23RD STREET	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WHALEN, JOHN M	
STREET ADDRESS	1120 QUAIL CIRCLE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHANER, ANN	
STREET ADDRESS	83 CATAMARAN	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FARR, PETE	
STREET ADDRESS	203 BENT ARROW DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLZSCHUH, JUDY	
STREET ADDRESS	412 RHONDA KAY CT	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holzschuh, Judy	
STREET ADDRESS	412 Rhonda Kay Court	
CITY-ST-ZIP	Ft. Walton Beach, FL 32547	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Carl	
STREET ADDRESS	7919 Wesley Circle	
CITY-ST-ZIP	Molino, FL 32577	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burnham, Mary	
STREET ADDRESS	911 Bartow	
CITY-ST-ZIP	Pensacola, FL 32507	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shaner, Ann	
STREET ADDRESS	83 Catamaran	
CITY-ST-ZIP	Shalimar, FL 32579	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCabe, Barbara	
STREET ADDRESS	1707 - 23rd Street	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scarboro, John	
STREET ADDRESS	9740 Palafox Hwy	
CITY-ST-ZIP	Pensacola, FL 32534	

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:

*SIGNATURE REQUIRED*

7/10/01 850-790-5392

CR2E037 (10/00)