

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-27-2003 90119 004 ****61.25

DOCUMENT # N93000004791

1. Entity Name

**EMERALD COAST CENTRE MARKETING AND PROMOTION FUN
D, INC.**



Principal Place of Business

Mailing Address

**200 GREEN SPRINGS HWY
100
BIRMINGHAM AL 35209-4906
US**

**200 GREEN SPRINGS HWY
100
BIRMINGHAM AL 35209-4906
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 **59-3183574**

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

**GRIMMER, JAMES B
14063 EMERALD COAST PKWY
EMERALD COAST CENTER
DESTIN FL 32541**

Name

SAMUEL P. GRIMMER

Street Address (P.O. Box Number is Not Acceptable)

14063 EMERALD COAST PKWY.

EMERALD COAST CENTRE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Samuel P. Grimmer

3/24/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **GRIMMER, JAMES B**
STREET ADDRESS **14063 EMERALD COAST PKWY**
CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE **D** ☐ Delete
NAME **GRIMMER, SAMUEL P**
STREET ADDRESS **200 GREEN SPRINGS HIGHWAY**
CITY-ST-ZIP **BIRMINGHAM AL**

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

TITLE **D** ☐ Delete
NAME **GRIMMER, SUSAN L**
STREET ADDRESS **200 GREEN SPRINGS HIGHWAY**
CITY-ST-ZIP **BIRMINGHAM AL**

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

TITLE **D** ☐ Delete
NAME **ROSE J. GRIMMER**
STREET ADDRESS **200 GREEN SPRINGS HWY.**
CITY-ST-ZIP **BIRMINGHAM AL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 live empowered.

SIGNATURE:

Samuel P. Grimmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03

Date

205-290-2712

Daytime Phone #

CR2E037 (10/02)