

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005277

1. Entity Name

EMERALD COAST CLASSIC FOUNDATION, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90090 010 \*\*\*\*61.25

Principal Place of Business	Mailing Address
EMERALD COAST CLASSIC FOUNDATION 510 25 W CEDAR ST PENSACOLA FL 32501 US	EMERALD COAST CLASSIC FOUNDATION INC 510 25 W CEDAR ST PENSACOLA FL 32501 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1130472

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

PANYKO, JOHN A  
200 S. TARRAGONA  
PENSACOLA FL 32501

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	LEE, JAMES III	
STREET ADDRESS	111 OXMOOR RD	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	REDDINGER, ROGER	
STREET ADDRESS	111 OXMOOR RD	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BARKER, ROGER	
STREET ADDRESS	111 OXMOOR RD	
CITY-ST-ZIP	BIRMINHAM AL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARCIA, PHIL	
STREET ADDRESS	25 W CEDAR ST, STE 510	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

*Stephan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

850.438-7700

Date

Daytime Phone #

CR2E037 (9/99)