

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005277

1. Entity Name

EMERALD COAST CLASSIC FOUNDATION, INC.

Principal Place of Business

EMERALD COAST CLASSIC FOUNDATION
510 25 W CEDAR ST
PENSACOLA FL 32501
US

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

63-1130472

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

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
After September 12, 2001, min. will be \$236.25

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 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	BIRMINGHAM 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE REQUIRED

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90234 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)