

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

FILED
Apr 02, 2003 8:00 am
Secretary of State

03-17-2003 90063 023 *****61.25

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1. Entity Name

EMERALD COAST COMPUTER SOCIETY, INC.

Principal Place of Business

**PO BOX 504
FORT WALTON BEACH FL 32549**

Mailing Address

**PO BOX 504
FORT WALTON BEACH FL 32549**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3444799**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GINZBURG, ALEX
945 HOLBROOK CIR.
FORT WALTON BEACH FL 32547**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GINZBURG, ALEX**
STREET ADDRESS **945 HOLBROOK CIR**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **V** ☐ Delete
NAME **STONE, NANCY**
STREET ADDRESS **635 OVERBROOK**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **PT** ☒ Delete
NAME **VOSMERA, LOIS C**
STREET ADDRESS **9509 SWEETGUM LANE**
CITY-ST-ZIP **NAVARRE FL 32568**

TITLE **T** ☐ Delete
NAME **VOSMERA, LOIS C**
STREET ADDRESS **9509 SWEETGUM LANE**
CITY-ST-ZIP **NAVARRE FL 32568**

TITLE **S** ☒ Delete
NAME **BATTLE, GLORIA**
STREET ADDRESS **2392 PLACID DR.**
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

TITLE **D** ☐ Delete
NAME **GIROUX, DON**
STREET ADDRESS **116 9 AVE**
CITY-ST-ZIP **SHALIMAR FL 32579**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PT** ☐ Change ☐ Addition
NAME **Ginzburg, Alex**
STREET ADDRESS **945 Holbrook Circle**
CITY-ST-ZIP **Ft Walton Bch, FL 32547**

TITLE **VT** ☐ Change ☒ Addition
NAME **Lendy Edwards**
STREET ADDRESS **11 Poplar Ave**
CITY-ST-ZIP **Shalimar, FL 32579**

TITLE **S** ☐ Change ☒ Addition
NAME **Shirley Ginzburg**
STREET ADDRESS **945 Holbrook Circle**
CITY-ST-ZIP **Ft. Walton Bch, FL 32547**

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

TITLE ☐ Change ☐ Addition
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 like empowered.

***SIGNATURE:**

Alex Ginzburg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alex Ginzburg

Date

850-862-2843

Daytime Phone #

CR2E037 (10/02)