

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006425

1. Entity Name

CALVARY EMERALD COAST, INCORPORATED

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90005 029 ****61.25

Principal Place of Business

Mailing Address

446 RACETRACK RD
STE D
FT WALTON BCH FL 32547
US

446 RACETRACK RD
STE D
FT WALTON BCH FL 32547-1544
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

59-3480244

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

FLANDERS, JAMES T
3068 YORKTOWN CIR
FT WALTON BEACH FL 32547

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	PD	<input type="checkbox"/> Delete
NAME	FLANDERS, JAMES	
STREET ADDRESS	3068 YORKTOWN CIR	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FURROW, ROBERT	
STREET ADDRESS	8901 E 3RD	
CITY-ST-ZIP	TUCSON AZ 85710	
TITLE	D	<input type="checkbox"/> Delete
NAME	TATUM, ADAM	
STREET ADDRESS	3010 YORKTOWN CIR	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HENLEY, REID M	
STREET ADDRESS	200 OAKWOOD CIR	
CITY-ST-ZIP	NICEVILLE FL	
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		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward Doe	
STREET ADDRESS	6112 East Bay Blvd.	
CITY-ST-ZIP	Gulf Breeze, Florida 32561	
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
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:

James T. Flanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-00 (850) 863-1588

CR2E037 (9/99)