

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

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90004 033 ****70.00

DOCUMENT # N980000000036

1. Entity Name

EMERALD COAST SENIOR SCRATCH SERIES, INC.



Principal Place of Business

**36 TEMPLE AVENUE
FORT WALTON BEACH FL 32548-6533**

Mailing Address

**36 TEMPLE AVENUE
FORT WALTON BEACH FL 32548-6533**

70000199



2. Principal Place of Business

3. Mailing Address

P.O. Box 1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT WALTON BEACH, FL

4. FEI Number **59-3484938**

Applied For

Not Applicable

Zip

Country

Zip

Country

32549-1984

USA

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

**RAYMOND, FRED S
36 TEMPLE AVENUE
FORT WALTON BEACH FL 32548-6533**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/> Delete	D	RAYMOND, FRED S	36 TEMPLE AVENUE FORT WALTON BEACH FL 32548-6533	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	FRANGIONI, RALPH	152 HOMEWOOD DRIVE FORT WALTON BEACH FL 32548	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	MARTIN, JAY	708 RIDGEWAY CIR. HOOVER AL 35226	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	MCGILLICUDDY, NEIL	405 MARTINIQUE COVE NICEVILLE FL 32578	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	LAMBERT, DON	905 WYNDY HILL ROAD DADEVILLE AL 36853	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D	PEEL, FRED	1039 FALLING WATERS ROAD CHIPLEY FL 32428-1039	<input type="checkbox"/>	<input type="checkbox"/>

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: FRED S. RAYMOND 1/3/03 850-243-4836

CR2E037 (10/02)