

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90052 042 ****61.25

DOCUMENT # N98000003830

1. Entity Name

EMERALD COAST JAMBOREE INC.

Principal Place of Business

**24 HOLLYWOOD BLVD., SW
SUITE 7
FORT WALTON BEACH FL 32549-0875**

Mailing Address

**POST OFFICE BOX 875
FORT WALTON BEACH FL 32549-0875**

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

59-3530007

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

**HESTER, JOYCE
24 HOLLYWOOD BLVD., SW
SUITE 7
FORT WALTON BEACH FL 32549-0875**

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 ☐ Delete
NAME **PD**
STREET ADDRESS **HESTER, JOYCE**
CITY-ST-ZIP **814 TARPON DRIVE**
FORT WALTON BEACH FL 32548

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

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **STANLEY, NORMAN**
CITY-ST-ZIP **35 MAPLE AVENUE**
SHALIMAR FL 32579

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

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **KOCH, CAROL**
CITY-ST-ZIP **260 KIDD STREET N.E.**
FORT WALTON BEACH FL 32548

TITLE ☒ Change ☐ Addition
NAME **SD**
STREET ADDRESS **MORGAN, LINDA**
CITY-ST-ZIP **307 RUCKEL DR**
NICEVILLE FL 32578

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Norman C. Stanley
NORMAN C. STANLEY

7 APR 2002 850 651 0500

Date

Daytime Phone #

CR2E037 (9/01)