


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

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90141 041 ****61.25

DOCUMENT # N98000006048	
1. Entity Name EMERALD COAST RIDERS, INC.	

Principal Place of Business 788 NORTH BEAL PARKWAY FORT WALTON BEACH FL 32547	Mailing Address 788 NORTH BEAL PARKWAY FORT WALTON BEACH FL 32547
--	--

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 59-3577598	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
--	--

O'BRIAN, CHIP 788 NORTH BEAL PARKWAY FORT WALTON BEACH FL 32547	Name SMITH, JERRY L. Street Address (P.O. Box Number is Not Acceptable) 788 NORTH BEAL PARKWAY City FORT WALTON BEACH FL Zip Code 32547
--	---

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 	JERRY L. SMITH, TREASURER	01-30-03
<small>Signature typed or printed name of registered agent and title if applicable.</small>		<small>DATE</small>

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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
-----------------------------------	--

<table border="1"> <tr> <td>TITLE</td> <td>AD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GOLDBAUGH, CARLTON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>788 BEAL PKWY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT WALTON BEACH FL 32547</td> <td></td> </tr> </table>	TITLE	AD	<input type="checkbox"/> Delete	NAME	GOLDBAUGH, CARLTON		STREET ADDRESS	788 BEAL PKWY		CITY-ST-ZIP	FORT WALTON BEACH FL 32547		<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GOLDBAUGH, CARLTON</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>788 NORTH BEAL PARKWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT WALTON BEACH FL 32547</td> <td></td> </tr> </table>	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GOLDBAUGH, CARLTON		STREET ADDRESS	788 NORTH BEAL PARKWAY		CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	AD	<input type="checkbox"/> Delete																							
NAME	GOLDBAUGH, CARLTON																								
STREET ADDRESS	788 BEAL PKWY																								
CITY-ST-ZIP	FORT WALTON BEACH FL 32547																								
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	GOLDBAUGH, CARLTON																								
STREET ADDRESS	788 NORTH BEAL PARKWAY																								
CITY-ST-ZIP	FORT WALTON BEACH FL 32547																								
<table border="1"> <tr> <td>TITLE</td> <td>S</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HASKEW, BARRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>788 BEAL PKWY.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT WALTON BEACH FL 32547</td> <td></td> </tr> </table>	TITLE	S	<input checked="" type="checkbox"/> Delete	NAME	HASKEW, BARRY		STREET ADDRESS	788 BEAL PKWY.		CITY-ST-ZIP	FORT WALTON BEACH FL 32547		<table border="1"> <tr> <td>TITLE</td> <td>AD</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BALLARD, MIKE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>788 NORTH BEAL PARKWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT WALTON BEACH FL 32547</td> <td></td> </tr> </table>	TITLE	AD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	BALLARD, MIKE		STREET ADDRESS	788 NORTH BEAL PARKWAY		CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	S	<input checked="" type="checkbox"/> Delete																							
NAME	HASKEW, BARRY																								
STREET ADDRESS	788 BEAL PKWY.																								
CITY-ST-ZIP	FORT WALTON BEACH FL 32547																								
TITLE	AD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	BALLARD, MIKE																								
STREET ADDRESS	788 NORTH BEAL PARKWAY																								
CITY-ST-ZIP	FORT WALTON BEACH FL 32547																								
<table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>O'BRIAN, CHIP</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>788 NORTH BEAL PARKWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT WALTON BEACH FL 32547</td> <td></td> </tr> </table>	TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	O'BRIAN, CHIP		STREET ADDRESS	788 NORTH BEAL PARKWAY		CITY-ST-ZIP	FORT WALTON BEACH FL 32547		<table border="1"> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RENY, BECKY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>788 NORTH BEAL PARKWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT WALTON BEACH FL 32547</td> <td></td> </tr> </table>	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	RENY, BECKY		STREET ADDRESS	788 NORTH BEAL PARKWAY		CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	D	<input checked="" type="checkbox"/> Delete																							
NAME	O'BRIAN, CHIP																								
STREET ADDRESS	788 NORTH BEAL PARKWAY																								
CITY-ST-ZIP	FORT WALTON BEACH FL 32547																								
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	RENY, BECKY																								
STREET ADDRESS	788 NORTH BEAL PARKWAY																								
CITY-ST-ZIP	FORT WALTON BEACH FL 32547																								
<table border="1"> <tr> <td>TITLE</td> <td>T</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MUSCANELL, THOMAS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>788 BEAL PKWY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT WALTON BEACH FL 32547</td> <td></td> </tr> </table>	TITLE	T	<input checked="" type="checkbox"/> Delete	NAME	MUSCANELL, THOMAS		STREET ADDRESS	788 BEAL PKWY		CITY-ST-ZIP	FORT WALTON BEACH FL 32547		<table border="1"> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SMITH, JERRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>788 NORTH BEAL PARKWAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT WALTON BEACH FL 32547</td> <td></td> </tr> </table>	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	SMITH, JERRY		STREET ADDRESS	788 NORTH BEAL PARKWAY		CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	T	<input checked="" type="checkbox"/> Delete																							
NAME	MUSCANELL, THOMAS																								
STREET ADDRESS	788 BEAL PKWY																								
CITY-ST-ZIP	FORT WALTON BEACH FL 32547																								
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																							
NAME	SMITH, JERRY																								
STREET ADDRESS	788 NORTH BEAL PARKWAY																								
CITY-ST-ZIP	FORT WALTON BEACH FL 32547																								
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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																									
<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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																									

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: 	JERRY L. SMITH	01-30-03	(850)862-4706
---	-----------------------	-----------------	----------------------

CR2E037 (10/02)