## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 12, 2001 8:00 am Secretary of State DOCUMENT # P0000039296 1. Entity Name EMERALD COAST EVENTS COMMISSION, INC. 05-12-2001 90049 025 \*\*\*158.75 Principal Place of Business Mailing Address 1618 ISABELLA AVE 1618 ISABELLA AVE PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LINCOLN, JOHN D III Street Address (P.O. Box Number is Not Acceptable) 4714 W. 23RD ST., STE. G PANAMA CITY IL 32405 e entity submits this systement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE. FILE NOW!!! FEE IS \$150.00 oration is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change TITLE D ☐ Delete TITI F NAME NAME LEMAY, B. PAUL STREET ADDRESS STREET ADDRESS 7803 MCELVEY DR CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Delete TITLE ☐ Addition TITLE NAME LINCOLN, JOHN D NAME 520 BECKRICH RD, BY 1513 PANAMA CHTY BEACH, FL STREET ADDRESS STREET ADDRESS 4714 W: 20RD OT., OTE: O CITY-ST-7IP CITY-ST-ZIP PANAMA CITY PL 32403 ☐ Change TITLE TITLE ☐ Delete NAME NAME GERALD E. LYNCH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS いし のいべれてら CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNII