

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91834 021 \*\*\*150.00

**DOCUMENT # P02000049748**

1. Entity Name  
**EMERALD COAST ELDERCARE, INC.**



Principal Place of Business  
**2971 COUNTY ROAD 30-A  
SEAGROVE BEACH FL 32459**

Mailing Address  
**POST OFFICE BOX 2136  
SANTA ROSA BEACH FL 32459**

2. Principal Place of Business  
**225 Main Street**

3. Mailing Address  
**225 Main Street**

Suite, Apt. #, etc.  
**Suite E**

Suite, Apt. #, etc.  
**Suite E**

City & State  
**Destin, FL**

City & State  
**Destin, FL**

Zip  
**32541**

Country  
**USA**

Zip  
**32541**

Country  
**USA**

4. FEI Number  
**04-3657929**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

## 7. Name and Address of New Registered Agent

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PSTD  
HENDRICK, MARILYN P  
2971 COUNTY ROAD 30-A  
SEAGROVE BEACH FL 32459** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Kendrick, Marilyn P  
224 Greenbriar Lane  
Santa Rosa Beach, FL 32459** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
HENDRICK, DONALD T  
2971 COUNTY ROAD 30-A  
SEAGROVE BEACH FL 32459** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Kendrick, Donald T  
224 Greenbriar Lane  
Santa Rosa Beach, FL 32459** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
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CITY - ST - ZIP  
☐ Change ☐ Addition

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 607, 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:** **Marilyn P. Kendrick**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4-25-03 850 650-8646**  
Date Daytime Phone #

CR2E034 (10/02)