

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90149 019 ***550.00

DOCUMENT # P97000080118

1. Entity Name

EMERALD COAST FINANCIAL MANAGEMENT, INC.

Principal Place of Business

**4003 EAST C-30A
SANTA ROSA BEACH FL 32459**

Mailing Address

**4003 EAST C-30A
SANTA ROSA BEACH FL 32459**

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

59-3470920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHIELDS, JEREMY
7522 FRONT BEACH RD
PANAMA CITY BCH FL 32407**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **DUTRAM, MARK S**
CITY-ST-ZIP **500 SPRINGACRES COVE
NICEVILLE FL 32578**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WILLIAMS, J. C DR**
CITY-ST-ZIP **801 E SIXTH ST STE 504
PANAMA CITY FL 32401**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ANDREWS, ANGUS G**
CITY-ST-ZIP **PO BOX 405 N/A
DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BARRETT, MARK R**
CITY-ST-ZIP **99 RACETRACK RD NW STE 300
FT WALTON BCH FL 32547**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BENNET, MICHAEL**
CITY-ST-ZIP **15606 FRONT BEACH RD
PANAMA CITY BCH FL 32408**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DUNKEL, GERALD**
CITY-ST-ZIP **1234 AIRPORT RD STE 124
DESTIN FL 32541**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)