

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064066

1. Entity Name

EMERALD COAST MORTGAGE & ASSOCIATES, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90040 021 \*\*\*150.00

Principal Place of Business

1298-B SOUTH FERDON BLVD  
CRESTVIEW FL 32536  
US

Mailing Address

1298-B SOUTH FERDON BLVD  
CRESTVIEW FL 32536-4924  
US

2. Principal Place of Business

1695 S Ferdon Blvd  
Suite, Apt. #, etc.

3. Mailing Address

1695 S Ferdon Blvd  
Suite, Apt. #, etc.

City & State

Crestview FL  
Zip Country

City & State

Crestview FL  
Zip Country

4. FEI Number

59-3521637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAGGARD, JENNIFER A  
304 ISLAND DR.  
CRESTVIEW FL 32536

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

*Jennifer Haggard, President*  
*Jennifer Haggard*

(NOTE: Registered Agent signature required when reinstating)

3-29-00

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, 2000 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 P  
NAME HAGGARD, JENNIFER A  
STREET ADDRESS 304 ISLAND DR  
CITY-ST-ZIP CRESTVIEW FL 32536 ☐ Delete

TITLE VP  
NAME HAGGARD, JOHN V  
STREET ADDRESS 304 ISLAND DR  
CITY-ST-ZIP CRESTVIEW FL 32536 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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:

*Jennifer Haggard*  
*Jennifer Haggard*

Date

Daytime Phone #

3-29-00 850-683-9114