

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000001952

FILED
Jan 15, 2002 8:00 AM
Secretary of State

Entity Name: EMERALD CREST OF GADSDEN COUNTY, INC.

Current Principal Place of Business:

178 MAY NURSERY RD
HAVANA, FL 32333

New Principal Place of Business:

Current Mailing Address:

178 MAY NURSERY RD
HAVANA, FL 32333

New Mailing Address:

FEI Number: 65-0906365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLETCHER, HOMER JR.
113 N. MADISON STREET
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: MAY, FRED B
Address: 681 FOREST LAIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD () Delete
Name: MAY, JOHN B
Address: 637 SOLOMAN DAIRY RD
City-St-Zip: QUINCY, FL 32351

Title: PD () Delete
Name: MAY, FOUNTAIN H JR.
Address: 835 ATTAPULGUS HWY
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: FLETCHER, HOMER M JR.
Address: 113 N. MADISON STREET
City-St-Zip: QUINCY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: MAY, FRED B
Address: 681 FOREST LAIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: PD (X) Change () Addition
Name: MAY, JOHN B
Address: 637 SOLOMAN DAIRY RD
City-St-Zip: QUINCY, FL 32351

Title: STD (X) Change () Addition
Name: MAY, FOUNTAIN H JR.
Address: 835 ATTAPULGUS HWY
City-St-Zip: QUINCY, FL 32351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN B. MAY

_____ Electronic Signature of Signing Officer or Director

PD

01/15/2002

_____ Date