

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007383

1. Entity Name

EMERALD COAST NETWORK GROUP, INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90125 037 ***150.00

Principal Place of Business

Mailing Address

248-C N EGLIN PKWY
FORT WALTON BEACH FL 32547

248-C N EGLIN PKWY
FORT WALTON BEACH FL 32547-2879

00000004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

211-G Main St.
Suite, Apt. #, etc.

P.O. Box 5656
Suite, Apt. #, etc.

Destin, FL.
City & State

Destin, FL.
City & State

4. FEI Number

59-3555/51

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

Zip
32541

Country
USA

Zip
32541

Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALES, DEBRA D
248-C N EGLIN PKWY
FORT WALTON BEACH FL 32547

Name
Debra D. Cales

Street Address (P.O. Box Number is Not Acceptable)

211 Main St. Ste. G

City
Destin

FL

Zip Code
32541

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 Debra D. Cales

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CALES, DEBRA D	
STREET ADDRESS	374 JASMINE AVE	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALES, RUSSELL E JR.	
STREET ADDRESS	374 JASMINE AVE	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, ALAN C	
STREET ADDRESS	374 JASMINE AVE	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cales, Debra D.	
STREET ADDRESS	141 Rickey Ave.	
CITY-ST-ZIP	Fort Walton Beach, FL 32547	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cales, Russell E. Jr.	
STREET ADDRESS	141 Rickey Ave	
CITY-ST-ZIP	Fort Walton Beach, FL 32547	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Foster, Alan C.	
STREET ADDRESS	7 Kohler Ave	
CITY-ST-ZIP	Mary Esther, FL 32569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Schiller	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schiller Michael S.	
STREET ADDRESS	7 Kohler Ave.	
CITY-ST-ZIP	Mary Esther, FL 32569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michael Shane Schiller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-17-00 (850) 863-1800

Daytime Phone #

CR2E034 (9/99)