

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90077 015 ***150.00

DOCUMENT # P99000077980

1. Entity Name:
EMERALD COAST SCHOOL OF REAL ESTATE, INC.

Principal Place of Business 1270 N EGLIN PARKWAY STE C-10 SHALIMAR FL 32579	Mailing Address 1270 N EGLIN PARKWAY STE C-10 SHALIMAR FL 32579-1244
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2. Principal Place of Business	3. Mailing Address P.O. Box 5526
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State DESTIN FL
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Zip	Country USA	Zip 32541-5526	Country USA OKA LOOSA
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4. FEI Number Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, EDWARD
1270 N EGLIN PARKWAY STE C-10
SHALIMAR FL 32579

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 *Edward Sullivan* **EDWARD SULLIVAN** **April 26, 2000**
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	PTD <input type="checkbox"/> Delete
NAME	SULLIVAN, GLADYS
STREET ADDRESS	1270 N EGLIN PARKWAY STE C-10
CITY-ST-ZIP	SHALIMAR FL 32579
TITLE	VSD <input type="checkbox"/> Delete
NAME	SULLIVAN, EDWARD
STREET ADDRESS	1270 N EGLIN PARKWAY STE C-10
CITY-ST-ZIP	SHALIMAR FL 32579
TITLE	VD <input type="checkbox"/> Delete
NAME	GRIFFIN, HOWARD M
STREET ADDRESS	970 GULF SHORE DR
CITY-ST-ZIP	DESTIN FL 32541
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Edward Sullivan* **EDWARD SULLIVAN** **04/26/00** (850) 609-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)