

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V54379

1. Entity Name

EMERALD COAST 300, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90918 016 \*\*\*150.00

Principal Place of Business

Mailing Address

34851 EMERALD COAST PARKWAY  
DESTIN FL 32541  
US

34851 EMERALD COAST PARKWAY  
DESTIN FL 32541-3354  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 150

Suite, Apt. #, etc.

Suite 150

City & State

City & State

4. FEI Number 59-3145847

Applied For  
Not Applicable

Zip

Country

Zip

Country

32541

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIGDON, CHARLES  
34851 EMERALD COAST PKWY  
DESTIN FL 32541

Name DAVAGE J. Runnels, III

Street Address (P.O. Box Number is Not Acceptable)  
3646B Emerald Coast Pkwy.  
#150 #2201

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

Signature, typed or printed name of registered agent, not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

DAVAGE J. Runnels, III 4/24/00

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	D P JR	<input type="checkbox"/> Delete
NAME	RUNNELS, DAVAGE J.	
STREET ADDRESS	106 WAYNELL CIRCLE	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIGDON, CHARLES W	
STREET ADDRESS	34851 EMERALD COAST PKWY	
CITY-ST-ZIP	DESTIN FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Runnels Jr., Davage J.	
TITLE	Director/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
TITLE	Director/Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. Victor Anderson	
STREET ADDRESS	34851 Emerald Coast Parkway, #150	
CITY-ST-ZIP	Destin, Florida 32541	
TITLE	Director/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonnie L. Runnels	
STREET ADDRESS	34851 Emerald Coast Parkway #150	
CITY-ST-ZIP	Destin, Florida 32541	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 800.650.9933

CR2E034 (9/99)