

Fill in this information to identify your case:

United States Bankruptcy Court for the:
 NORTHERN DISTRICT OF FLORIDA

Case number (if known) _____ Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Emerald Coast Eateries, Inc.

2. All other names debtor used in the last 8 years
 Include any assumed names, trade names and doing business as names
DBA Buster's Bar and Grill

3. Debtor's federal Employer Identification Number (EIN) 59-2843808

4. Debtor's address

<p>Principal place of business</p> <p><u>PO Box 9185</u> <u>Miramar Beach, FL 32550</u> Number, Street, City, State & ZIP Code</p> <p><u>Walton</u> County</p>	<p>Mailing address, if different from principal place of business</p> <p>_____</p> <p>P.O. Box, Number, Street, City, State & ZIP Code</p> <p>Location of principal assets, if different from principal place of business</p> <p>_____</p> <p>Number, Street, City, State & ZIP Code</p>
--	--

5. Debtor's website (URL) _____

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: _____

Debtor **Emerald Coast Eateries, Inc.**
Name _____

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship _____
District _____	When _____ Case number, if known _____

Debtor **Emerald Coast Eateries, Inc.**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

1-49

50-99

100-199

200-999

1,000-5,000

5001-10,000

10,001-25,000

25,001-50,000

50,001-100,000

More than 100,000

15. Estimated Assets

\$0 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$500,000

\$500,001 - \$1 million

\$1,000,001 - \$10 million

\$10,000,001 - \$50 million

\$50,000,001 - \$100 million

\$100,000,001 - \$500 million

\$500,000,001 - \$1 billion

\$1,000,000,001 - \$10 billion

\$10,000,000,001 - \$50 billion

More than \$50 billion

16. Estimated liabilities

\$0 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$500,000

\$500,001 - \$1 million

\$1,000,001 - \$10 million

\$10,000,001 - \$50 million

\$50,000,001 - \$100 million

\$100,000,001 - \$500 million

\$500,000,001 - \$1 billion

\$1,000,000,001 - \$10 billion

\$10,000,000,001 - \$50 billion

More than \$50 billion

Debtor **Emerald Coast Eateries, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **February 3, 2017**
MM / DD / YYYY

X /s/ George E. Seeling
Signature of authorized representative of debtor

Title **President**

George E. Seeling
Printed name

18. Signature of attorney

X /s/ Natasha Z. Revell
Signature of attorney for debtor

Date **February 3, 2017**
MM / DD / YYYY

Natasha Z. Revell
Printed name

Zalkin Revell, PLLC
Firm name

2441 US Highway 98W
Suite 109
Santa Rosa Beach, FL 32459
Number, Street, City, State & ZIP Code

Contact phone **850-267-2111** Email address **tasha@zalkinrevell.com**

Bar number and State

Fill in this information to identify the case:

Debtor name **Emerald Coast Eateries, Inc.**

United States Bankruptcy Court for the: NORTHERN DISTRICT OF FLORIDA

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **February 3, 2017**

X /s/ George E. Seeling

Signature of individual signing on behalf of debtor

George E. Seeling

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Emerald Coast Eateries, Inc.**
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF FLORIDA**
 Case number (if known): _____

Check if this is an amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Artistic Dining and Lifestyle Guide Sherry Cox 12 Caspian Ct. Santa Rosa Beach, FL 32459		Advertising				\$437.50
Capital One Bankruptcy Claims Services PO Box 85167 Richmond, VA 23285-5157		Credit card				\$2,297.26
Capital One Bankruptcy Department PO Box 30285 Salt Lake City, UT 84130-0285		Credit card				\$4,947.11
Corporation Service Company as Representative PO Box 2576 Springfield, IL 62708-4261		Any potential liability arising from terminated Purchase of Receivables Agreement	Disputed			\$0.00
Cox Communications 3405 McLemore Drive Pensacola, FL 32514-7085		Utility provider				\$210.75
Cox Communications 3405 McLemore Drive Pensacola, FL 32514-7085		Utility provider				\$1,001.10

Debtor **Emerald Coast Eateries, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Cress Realty Destin Poinciana PO Box 1260 Ridgeland, MS 39158		Any potential liability owed to former landlord	Disputed			\$0.00
Direct TV Customer Service Attn: Bankruptcy Claims PO Box 6550 Greenwood Village, CO 80155-6550		Any potential liability to satellite tv provider following suspension of contract	Contingent Unliquidated Disputed			\$0.00
Financial Agent Services PO Box 2576 Springfield, IL 62708		Any potential liability arising from expired agreement	Unliquidated Disputed			\$0.00
Miles Media Group PO Box 116755 Atlanta, GA 30368-6755		Advertising	Disputed			\$3,600.00
OnDeck 1400 Broadway New York, NY 10018		Unsecured loan				\$258,707.94
POSabilities 17431 Alico Center Rd. Suite 1 Fort Myers, FL 33967		Equipment vendor				\$37.50
Rewards Network Establishment Services, Inc. 2N Riverside Plaza Suite 950 Chicago, IL 60606		Any potential liability arising from terminated Dining Credits Agreement	Unliquidated Disputed			\$0.00
Shell/Citibank SD PO Box 6497 Sioux Falls, SD 57117		Credit card				\$250.03
SunSouth Capital, Inc. PO Box 1910 Dothan, AL 36302		Any potential liability arising out Master Lease agreement	Unliquidated Disputed			\$0.00
SunSouth Capital, Inc. PO Box 1910 Dothan, AL 36302		2013 GMC Terrain SLT		\$15,300.00	\$15,050.00	\$250.00
Sysco Gulf Coast 2001 W. Magnolia Avenue Geneva, AL 36340		Supplier				\$54,077.98

Debtor **Emerald Coast Eateries, Inc.**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
US Bank Card Member Services PO Box 108 Saint Louis, MO 63166		Credit card				\$6,774.51
Waterstreet PO Box 121 Apalachicola, FL 32320		Vendor				\$6,970.88
Windstream Communications, Inc. Financial Services 1720 Galleria Blvd. Charlotte, NC 28270		Potential liability for any obligations following termination of telephone service	Contingent Unliquidated Disputed			\$0.00

Fill in this information to identify the case:

Debtor name Emerald Coast Eateries, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF FLORIDA

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>53,874.38</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>53,874.38</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>19,300.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>0.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>456,577.39</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>475,877.39</u>

Fill in this information to identify the case:

Debtor name Emerald Coast Eateries, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF FLORIDA

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor			Current value of debtor's interest
3.	Checking, savings, money market, or financial brokerage accounts (<i>Identify all</i>)		
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
3.1.	<u>Trustmark</u>	<u>Checking Account</u>	<u>7299</u>
			<u>\$2,084.38</u>

4. **Other cash equivalents** (*Identify all*)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$2,084.38

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
- Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
- Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
- Yes Fill in the information below.

Debtor **Emerald Coast Eateries, Inc.**
Name

Case number (If known) _____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
- Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
- Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
- Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
- Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. <u>2013 GMC Terrain SLT</u>	<u>\$0.00</u>	<u>NADA</u>	<u>\$15,050.00</u>
48. Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
<u>Restaurant Equipment as shown on Attached Exhibit A</u>	<u>\$0.00</u>		<u>\$22,590.00</u>
<u>Restaurant Equipment as shown on the Attached Exhibit B</u>	<u>\$0.00</u>		<u>\$5,950.00</u>
<u>Restaurant Equipment as shown on the attached Exhibit C</u>	<u>\$0.00</u>		<u>\$8,200.00</u>

51. **Total of Part 8.**
Add lines 47 through 50. Copy the total to line 87.

\$51,790.00

Debtor **Emerald Coast Eateries, Inc.** Case number (if known) _____
 Name

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- No
 Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- No
 Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- No. Go to Part 10.
 Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- No. Go to Part 11.
 Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes Fill in the information below.

Debtor **Emerald Coast Eateries, Inc.**
Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$2,084.38	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$51,790.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$53,874.38	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$53,874.38

Exhibit A to Schedule B		
Furniture and Equipment	Quantity	Value
Tables	40	\$800.00
Chairs	100	\$1,000.00
Eco Hybrid, Brass Foot Rest, Walunt finish barstools	20	\$500.00
High Chairs	4	\$40.00
Cabinet on wheels with shelves	1	\$50.00
Large stand up safe	1	\$500.00
Stainless steel Kitchen tables	5	\$250.00
Double door freezer	1	\$1,200.00
Stand up coolers	2	\$600.00
Burners	2	\$50.00
Flat Top Grill	1	\$500.00
Convection oven	1	\$1,000.00
Salamander (Food Broiler)	1	\$1,000.00
Fryers (One New)	3	\$2,900.00
Refrigerated salad station, double doors below	1	\$1,500.00
Large Mixer	1	\$1,000.00
Microwave	1	\$25.00
Small upright freezer	1	\$50.00
Small refrigerator	1	\$25.00
25 gallon kettle	1	\$2,500.00
Large ice bin	1	\$900.00
Ice machine with bin	1	\$1,200.00
Heat lamps		
Pots, pans, dishes, glasses, stmware		\$1,500.00
Pizza oven with grates	1	\$1,000.00
Ansel System	1	\$2,500.00
Miscellaneous Items (Plastic, Aluminum pans, etc)		
TOTAL		\$22,590.00

Exhibit B to Schedule B		
Furniture and Equipment	Quantity	Value
Satellite System Package-Xantec IR Repeating System, Sanus Articulating Wall Mount	4	\$300.00
Audio System-TOA Amplifer/Mixer 120 Wat	2	\$400.00
TOA Mixer/Amplifier 700 Ser	1	\$200.00
Niles Audio Outdoor Speakers	12	\$1,200.00
Charbroiler, Gas, Counter Model	1	\$500.00
Refrigerator, Reach in 2 Sections, Stainless Steel Doors	1	\$1,500.00
Refrigerated Counter, Griddle Stand	1	\$1,000.00
Hotplate, Counter Unit, Gas	1	\$50.00
Epson Powerlite Cinema w/Strong Universal Projector Mount	2	\$600.00
Epson Powerlite Cinema with Sanus	1	\$200.00
TOTAL		\$5,950.00

Exhibit C to Schedule B		
Furniture and Equipment	Quantity	Value
Pizza Prep Table, Refrigerated	1	\$1,500.00
Refrigerated Counter, Sandwich Top	1	\$1,500.00
Convection Oven	1	\$1,000.00
Range, 36", 6 Burners	1	\$1,200.00
Dual Temp Display	1	\$3,000.00
TOTAL		\$8,200.00

Fill in this information to identify the case:

Debtor name Emerald Coast Eateries, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF FLORIDA

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A	Column B
		Amount of claim	Value of collateral that supports this claim
		Do not deduct the value of collateral.	
<p>2.1 <u>SunSouth Capital, Inc.</u></p> <p><small>Creditor's Name</small></p> <p>PO Box 1910 Dothan, AL 36302</p> <p><small>Creditor's mailing address</small></p> <p>_____ <small>Creditor's email address, if known</small></p> <p>Date debt was incurred</p> <p>_____ Last 4 digits of account number 5200</p> <p>Do multiple creditors have an interest in the same property?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. 	<p>Describe debtor's property that is subject to a lien</p> <p>2013 GMC Terrain SLT</p> <hr/> <p>Describe the lien</p> <hr/> <p>Is the creditor an insider or related party?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <p>Is anyone else liable on this claim?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <hr/> <p>As of the petition filing date, the claim is: Check all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed 	<p>\$15,300.00</p>	<p>\$15,050.00</p>

<p>2.2 <u>SunSouth Capital, Inc.</u></p> <p><small>Creditor's Name</small></p> <p>PO Box 1910 Dothan, AL 36302</p> <p><small>Creditor's mailing address</small></p> <p>_____ <small>Creditor's email address, if known</small></p> <p>Date debt was incurred</p> <p>_____ Last 4 digits of account number e007</p> <p>Do multiple creditors have an interest in the same property?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. 	<p>Describe debtor's property that is subject to a lien</p> <p>Restaurant Equipment as shown on the Attached Exhibit B</p> <hr/> <p>Describe the lien</p> <hr/> <p>Is the creditor an insider or related party?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <p>Is anyone else liable on this claim?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) <hr/> <p>As of the petition filing date, the claim is: Check all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed 	<p>\$4,000.00</p>	<p>\$5,950.00</p>
--	---	--------------------------	--------------------------

Debtor **Emerald Coast Eateries, Inc.**
Name

Case number (if know)

- No
- Yes. Specify each creditor, including this creditor and its relative priority.
- Contingent
- Unliquidated
- Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$19,300.00**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
SunSouth Capital, Inc. 136 South Holiday Road Suite D Attn: Paula Boykin Miramar Beach, FL 32550	Line <u>2.1</u>	
SunSouth Capital, Inc. 136 South Holiday Road Suite D Attn: Paula Boykin Miramar Beach, FL 32550	Line <u>2.2</u>	

Fill in this information to identify the case:

Debtor name **Emerald Coast Eateries, Inc.**
 United States Bankruptcy Court for the: NORTHERN DISTRICT OF FLORIDA
 Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
- Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address Artistic Dining and Lifestyle Guide Sherry Cox 12 Caspian Ct. Santa Rosa Beach, FL 32459 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$437.50</u>
3.2	Nonpriority creditor's name and mailing address Capital One Bankruptcy Claims Services PO Box 85167 Richmond, VA 23285-5157 Date(s) debt was incurred _____ Last 4 digits of account number <u>2904</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,297.26</u>
3.3	Nonpriority creditor's name and mailing address Capital One Bankruptcy Department PO Box 30285 Salt Lake City, UT 84130-0285 Date(s) debt was incurred _____ Last 4 digits of account number <u>7670</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,947.11</u>
3.4	Nonpriority creditor's name and mailing address Corporation Service Company as Representative PO Box 2576 Springfield, IL 62708-4261 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Any potential liability arising from terminated Purchase of Receivables Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>

Debtor Emerald Coast Eateries, Inc. Name		Case number (if known)	
3.5	Nonpriority creditor's name and mailing address Cox Communications 3405 McLemore Drive Pensacola, FL 32514-7085 Date(s) debt was incurred _ Last 4 digits of account number <u>7501</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.75
3.6	Nonpriority creditor's name and mailing address Cox Communications 3405 McLemore Drive Pensacola, FL 32514-7085 Date(s) debt was incurred _ Last 4 digits of account number <u>7501</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,001.10
3.7	Nonpriority creditor's name and mailing address Cress Realty Destin Poinciana PO Box 1260 Ridgeland, MS 39158 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Any potential liability owed to former landlord</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.8	Nonpriority creditor's name and mailing address Direct TV Customer Service Attn: Bankruptcy Claims PO Box 6550 Greenwood Village, CO 80155-6550 Date(s) debt was incurred _ Last 4 digits of account number <u>9720</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Any potential liability to satellite tv provider following suspension of contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.9	Nonpriority creditor's name and mailing address Elizabeth Seeling PO Box 9185 Miramar Beach, FL 32550 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Shareholder loans made to Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,465.06
3.10	Nonpriority creditor's name and mailing address Financial Agent Services PO Box 2576 Springfield, IL 62708 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Any potential liability arising from expired agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.11	Nonpriority creditor's name and mailing address George Seeling PO Box 9185 Miramar Beach, FL 32550 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Shareholder Loans made to Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,699.77

Debtor Emerald Coast Eateries, Inc.		Case number (if known) _____
Name _____		
3.12	Nonpriority creditor's name and mailing address Miles Media Group PO Box 116755 Atlanta, GA 30368-6755 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$3,600.00
3.13	Nonpriority creditor's name and mailing address OnDeck 1400 Broadway New York, NY 10018 Date(s) debt was incurred <u>8/25/2016</u> Last 4 digits of account number <u>2324</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unsecured loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$258,707.94
3.14	Nonpriority creditor's name and mailing address POSabilities 17431 Alico Center Rd. Suite 1 Fort Myers, FL 33967 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$37.50
3.15	Nonpriority creditor's name and mailing address Rewards Network Establisment Services, Inc. 2N Riverside Plaza Suite 950 Chicago, IL 60606 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Any potential liability arising from terminated Dining Credits Agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Unknown
3.16	Nonpriority creditor's name and mailing address Sandra Nobles PO Box 9185 Miramar Beach, FL 32550 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loans made to Debtor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$18,100.00
3.17	Nonpriority creditor's name and mailing address Shell/Citibank SD PO Box 6497 Sioux Falls, SD 57117 Date(s) debt was incurred _____ Last 4 digits of account number <u>6365</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$250.03
3.18	Nonpriority creditor's name and mailing address SunSouth Capital, Inc. PO Box 1910 Dothan, AL 36302 Date(s) debt was incurred _____ Last 4 digits of account number <u>8010</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Any potential liability arising out Master Lease agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Unknown

Debtor **Emerald Coast Eateries, Inc.** Case number (if known) _____
Name

3.19 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$54,077.98**
Sysco Gulf Coast Contingent
2001 W. Magnolia Avenue Unliquidated
Geneva, AL 36340 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** **Supplier**
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.20 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$6,774.51**
US Bank Contingent
Card Member Services Unliquidated
PO Box 108 Disputed
Saint Louis, MO 63166
 Date(s) debt was incurred _____ **Basis for the claim:** **Credit card**
 Last 4 digits of account number **5040** Is the claim subject to offset? No Yes

3.21 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$6,970.88**
Waterstreet Contingent
PO Box 121 Unliquidated
Apalachicola, FL 32320 Disputed
 Date(s) debt was incurred _____ **Basis for the claim:** **Vendor**
 Last 4 digits of account number _____ Is the claim subject to offset? No Yes

3.22 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**
Windstream Communications, Inc. Contingent
Financial Services Unliquidated
1720 Galleria Blvd. Disputed
Charlotte, NC 28270
 Date(s) debt was incurred _____ **Basis for the claim:** **Potential liability for any obligations following termination of telephone service**
 Last 4 digits of account number **7805** Is the claim subject to offset? No Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703-4261	Line <u>3.10</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Cox Communications Dept #103046 PO Box 1259 Oaks, PA 19456	Line <u>3.6</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	SunSouth Capital, Inc. 136 South Holiday Road Suite D Attn: Paula Boykin Miramar Beach, FL 32550	Line <u>3.18</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	UCC Direct Services PO Box 29071 Glendale, CA 91209-9071	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor **Emerald Coast Eateries, Inc.** Case number (if known) _____
Name

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

4.5 **Webster, Henry, Lyons, Bradwell,
 Cohan & Speagle, P.C.
 Attn: Frant E. Bankstons, Jr.
 PO Box 239
 Montgomery, AL 36101-0239**

Line **3.19**

—

Not listed. Explain _____

4.6 **Windstream
 PO Box 9001908
 Louisville, KY 40290-1908**

Line **3.22**

—

Not listed. Explain _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
 Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ 0.00

5b. + \$ 456,577.39

5c. \$ 456,577.39

Fill in this information to identify the case:

Debtor name Emerald Coast Eateries, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF FLORIDA

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

<p>2.1. State what the contract or lease is for and the nature of the debtor's interest</p> <p style="padding-left: 40px;">State the term remaining</p> <p style="padding-left: 40px;">List the contract number of any government contract _____</p>	<p>Contract suspended pre-petition</p>	<p>Direct TV Customer Service Attn: Bankruptcy Claims PO Box 6550 Greenwood Village, CO 80155-6550</p>
--	---	---

<p>2.2. State what the contract or lease is for and the nature of the debtor's interest</p> <p style="padding-left: 40px;">State the term remaining</p> <p style="padding-left: 40px;">List the contract number of any government contract _____</p>	<p>Advertising contract</p>	<p>Miles Media Group PO Box 116755 Atlanta, GA 30368-6755</p>
--	------------------------------------	--

<p>2.3. State what the contract or lease is for and the nature of the debtor's interest</p> <p style="padding-left: 40px;">State the term remaining</p> <p style="padding-left: 40px;">List the contract number of any government contract _____</p>	<p>month to month lease for storage units</p>	<p>Mobile Attic 4148 Trump Blvd. Milton, FL 32583</p>
--	--	--

Fill in this information to identify the case:

Debtor name Emerald Coast Eateries, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF FLORIDA

Case number (if known) _____

Check if this is an amended filing

**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Elizabeth Seeling	PO Box 9185 Miramar Beach, FL 32550	SunSouth Capital, Inc.	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	George Seeling	PO Box 9185 Miramar Beach, FL 32550	SunSouth Capital, Inc.	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	George Seeling	PO Box 9185 Miramar Beach, FL 32550	OnDeck	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.13</u> <input type="checkbox"/> G _____
2.4	George Seeling	PO Box 9185 Miramar Beach, FL 32550	SunSouth Capital, Inc.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name Emerald Coast Eateries, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF FLORIDA

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2017 to **Filing Date**

Operating a business
 Other _____

\$0.00

For prior year:
From 1/01/2016 to 12/31/2016

Operating a business
 Other _____

\$1,047,492.00

For year before that:
From 1/01/2015 to 12/31/2015

Operating a business
 Other _____

\$1,351,813.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Emerald Coast Eateries, Inc.**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. OnDeck 1400 Broadway New York, NY 10018	11/2/2016, 11/9/2016, 11/16/2016, 11/23/2016, 11/30/2016, 12/7/2016, 12/14/2016, 12/21/2016, 12/28/2016	\$18,000.00	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.2. Waterstreet PO Box 121 Apalachicola, FL 32320		\$14,451.68	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__
3.3. Sysco Gulf Coast 2001 W. Magnolia Avenue Geneva, AL 36340		\$10,179.59	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other__

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. George Seeling Shareholder	various payments January to December 2016	\$8,814.48	Net repayment of shareholder loans to Debtor (\$37,564.48 less new loans made to Debtor \$28,564.48)
4.2. Elizabeth Seeling Shareholder	various dates January to December 2016	\$0.00	Net repayment of shareholder loan (\$20,525.00 loan repayments less \$28,950.00 new loans to Debtor)

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

Debtor **Emerald Coast Eateries, Inc.**

Case number (if known) _____

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Debtor **Emerald Coast Eateries, Inc.**

Case number (if known) _____

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Zalkin Revell, PLLC 2441 US Hwy 98 W, Suite 109 Santa Rosa Beach, FL 32459		1/6/2017	\$15,000.00

Email or website address _____

Who made the payment, if not debtor? _____

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device. Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	Destiny Worship Center 122 Poinciana Blvd Miramar Beach, FL 32550	Sale of 180 Poinciana Blvd., Unit 1 Miramar Beach, FL 32550	9/30/2016	\$143,254.19

Relationship to debtor
None

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.
- Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Debtor **Emerald Coast Eateries, Inc.**

Case number (if known) _____

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- No.
- Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Trustmark National Bank West Destin Main Office PO Box 5736 Destin, FL 32540	XXXX-7273	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input checked="" type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	1/6/2017 funds transferred to operating account	\$4,942.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Mobile Attic 4148 Trump Blvd. Milton, FL 32583	Elizabeth Seeling, PO Box 9185, Miramar Beach, FL 32550 George Seeling, PO Box 9185, Miramar Beach, FL 32550	Restaurant equipment	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor **Emerald Coast Eateries, Inc.**

Case number (if known) _____

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Elizabeth Seeling PO Box 9185 Miramar Beach, FL 32550	Elizabeth Seeling, PO Box 9185, Miramar Beach, FL 32550	Electronic equipment owned by Debtor	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None

Owner's name and address	Location of the property	Describe the property	Value
George Seeling PO Box 9185 Miramar Beach, FL 32550	Mobile Attic 4148 Trump Blvd Milton, FL 32583	Miscellaneous personal belongings held along with the Debtor's property in storage units	Unknown

Owner's name and address	Location of the property	Describe the property	Value
Elizabeth Seeling PO Box 9185 Miramar Beach, FL 32550	Mobile Attic 4148 Trump Blvd. Milton, FL 32583	Miscellaneous personal belongings held along with the Debtor's property in storage units	Unknown

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No.
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- No.
 Yes. Provide details below.

Debtor **Emerald Coast Eateries, Inc.**

Case number (if known) _____

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
26a.1. George Seeling PO Box 9185 Miramar Beach, FL 32550	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
26c.1. George Seeling PO Box 9185 Miramar Beach, FL 32550	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
George Seeling	PO Box 9185 Miramar Beach, FL 32550	President	50%

Debtor **Emerald Coast Eateries, Inc.**

Case number (if known) _____

Name	Address	Position and nature of any interest	% of interest, if any
Elizabeth Seeling	PO Box 9185 Miramar Beach, FL 32550	Secretary and Treasurer	50%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- No
- Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No
- Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	George Seeling PO Box 9185 Miramar Beach, FL 32550	\$23,000.00	Various Dates	Salary
	Relationship to debtor President			
30.2	Elizabeth Seeling PO Box 9185 Miramar Beach, FL 32550	\$10,850.00	Various dates	Salary
	Relationship to debtor Secretary/Treasurer			
30.3	Pamela Seeling	\$3,625.00	Various dates	Wages
	Relationship to debtor daughter of shareholders			
30.4	Sandra Nobles PO Box 9185 Miramar Beach, FL 32550	\$12,900.00	Various dates	Wages
	Relationship to debtor Spouse of shareholder			

Debtor **Emerald Coast Eateries, Inc.**

Case number (if known) _____

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.5	George Seeling PO Box 9185 Miramar Beach, FL 32550	\$8,908.48	Various dates	Net Loan Repayments: \$8,908.48 (\$37,564.48 repayment less \$28,750.00 new loans made to company)
	Relationship to debtor Shareholder			
30.6	Elizabeth Seeling PO Box 9185 Miramar Beach, FL 32550		Various dated	Net Repayment of loan: \$0. (\$20,525.00 loan repayment less \$28,950 in new loans to Company)
	Relationship to debtor Shareholder			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
- Yes. Identify below.

Name of the parent corporation _____ Employer Identification number of the parent corporation _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
- Yes. Identify below.

Name of the parent corporation _____ Employer Identification number of the parent corporation _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **February 3, 2017**

/s/ George E. Seeling
Signature of individual signing on behalf of the debtor

George E. Seeling
Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No
- Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
Northern District of Florida**

In re **Emerald Coast Eateries, Inc.**

Debtor(s)

Case No.

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>15,000.00</u>
Prior to the filing of this statement I have received	\$	<u>15,000.00</u>
Balance Due	\$	<u>0.00</u>

2. \$ **1,717.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor Other (specify):

4. The source of compensation to be paid to me is:

Debtor Other (specify):

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

The above-listed amounts represent pre-petition retainer payments; Zalkin Revell, PLLC shall file periodic fee applications for allowance of fees, which fees shall be paid at the firm's standard hourly rates subject to court approval of the firm's retention.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 3, 2017

Date

/s/ Natasha Z. Revell

Natasha Z. Revell

Signature of Attorney

Zalkin Revell, PLLC

2441 US Highway 98W

Suite 109

Santa Rosa Beach, FL 32459

850-267-2111 Fax: (866) 560-7111

tasha@zalkinrevell.com

Name of law firm

**United States Bankruptcy Court
Northern District of Florida**

In re **Emerald Coast Eateries, Inc.**

Debtor(s)

Case No.

Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Elizabeth Seeling			50% shareholder
George Seeling			50% shareholder

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **February 3, 2017**

Signature **/s/ George E. Seeling
George E. Seeling**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
Northern District of Florida**

In re **Emerald Coast Eateries, Inc.**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **February 3, 2017**

/s/ George E. Seeling

George E. Seeling/President

Signer/Title

Emerald Coast Eateries, Inc.
PO Box 9185
Miramar Beach, FL 32550

Cress Realty
Destin Poinciana
PO Box 1260
Ridgeland, MS 39158

Rewards Network Establishment
Services, Inc.
2N Riverside Plaza
Suite 950
Chicago, IL 60606

Natasha Z. Revell
Zalkin Revell, PLLC
2441 US Highway 98W
Suite 109
Santa Rosa Beach, FL 32459

Direct TV
Customer Service
Attn: Bankruptcy Claims
PO Box 6550
Greenwood Village, CO 80155-6550

Sandra Nobles
PO Box 9185
Miramar Beach, FL 32550

Artistic Dining and Lifestyle Guide
Sherry Cox
12 Caspian Ct.
Santa Rosa Beach, FL 32459

Elizabeth Seeling
PO Box 9185
Miramar Beach, FL 32550

Shell/Citibank SD
PO Box 6497
Sioux Falls, SD 57117

Capital One
Bankruptcy Claims Services
PO Box 85167
Richmond, VA 23285-5157

Financial Agent Services
PO Box 2576
Springfield, IL 62708

SunSouth Capital, Inc.
PO Box 1910
Dothan, AL 36302

Capital One
Bankruptcy Department
PO Box 30285
Salt Lake City, UT 84130-0285

George Seeling
PO Box 9185
Miramar Beach, FL 32550

SunSouth Capital, Inc.
136 South Holiday Road
Suite D
Attn: Paula Boykin
Miramar Beach, FL 32550

Corporation Service Company
as Representative
PO Box 2576
Springfield, IL 62708-4261

Miles Media Group
PO Box 116755
Atlanta, GA 30368-6755

Sysco Gulf Coast
2001 W. Magnolia Avenue
Geneva, AL 36340

Corporation Service Company
801 Adlai Steveonson Drive
Springfield, IL 62703-4261

Mobile Attic
4148 Trump Blvd.
Milton, FL 32583

UCC Direct Services
PO Box 29071
Glendale, CA 91209-9071

Cox Communications
3405 McLemore Drive
Pensacola, FL 32514-7085

OnDeck
1400 Broadway
New York, NY 10018

US Bank
Card Member Services
PO Box 108
Saint Louis, MO 63166

Cox Communications
Dept #103046
PO Box 1259
Oaks, PA 19456

POSabilities
17431 Alico Center Rd.
Suite 1
Fort Myers, FL 33967

Waterstreet
PO Box 121
Apalachicola, FL 32320

Webster, Henry, Lyons, Bradwell,
Cohan & Speagle, P.C.
Attn: Frant E. Bankstons, Jr.
PO Box 239
Montgomery, AL 36101-0239

Windstream
PO Box 9001908
Louisville, KY 40290-1908

Windstream Communications, Inc.
Financial Services
1720 Galleria Blvd.
Charlotte, NC 28270

**United States Bankruptcy Court
Northern District of Florida**

In re **Emerald Coast Eateries, Inc.**

Debtor(s)

Case No. _____

Chapter **11**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Emerald Coast Eateries, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

February 3, 2017

Date

/s/ Natasha Z. Revell**Natasha Z. Revell**

Signature of Attorney or Litigant

Counsel for **Emerald Coast Eateries, Inc.****Zalkin Revell, PLLC****2441 US Highway 98W****Suite 109****Santa Rosa Beach, FL 32459****850-267-2111 Fax:(866) 560-7111****tasha@zalkinrevell.com**