2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

% ROBERT C GRANDA

DOCUMENT # **755050**

1. Entity Name

Principal Place of Business

% ROBERT C GRANDA

THE GULF COAST SHELL CLUB. INC.



FILED Feb 13, 2003 8:00 am Secretary of State

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925 ROSEMONT DRIVE 925 ROSEMONT DRIVE PANAMA CITY FL 32405 PANAMA CITY FL 32405 3. Mailing Address 2. Principal Place of Business T CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 59-2103283 City & State City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Country Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GRANDA, ROBERT C 925 ROSEMONT DRIVE PANAMA CITY FL 32405 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. I am familiar with, and accept the obligations of registered agent. DATE SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Florida Department of State FILE NOW: FEE IS \$61.25 Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. Addition ☐ Change TITLE ☐ Defete PN TITLE NAME GRANDA, ROBERT C NAME STREET ADDRESS 925 ROSEMONT DR STREET ADDRESS CITY-ST_ZIP PANAMA CITY FL 32405 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME GWEN, LAURENCE NAME STREET ADDRESS 31 WEST BALDWIN RD STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME BRUNNER, JIM NAME STREET ADDRESS 7102 DEAURRECOECHEA STREET ADDRESS CITY-ST-ZIP South Port Fl. 32409 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME Brunner. Linda NAME STREET ADDRESS 7102 DEAURRECOECHEA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOUTHPORT FL 32409 Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE