

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000002515

1. Entity Name
GRAND LAGOON CAFE, LLC

FILED

01 APR 23 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
PO BOX 28134 PO BOX 28134
PANAMA CITY FL 32411 PANAMA CITY FL 32411



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-3646106 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUGHES, J. ROBERT
220 MCKENZIE AVENUE
PANAMA CITY FL 32402

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Member	
STREET ADDRESS		W. F. Spann & Co. Inc.	
CITY-ST-ZIP		3900 Marriott Dr. Suite K	
		Panama City FL 32408	
TITLE	<input type="checkbox"/> Delete	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Cape Holdings, Inc.	
STREET ADDRESS		3900 Marriott Dr. Suite K	
CITY-ST-ZIP		Panama City, FL 32408	
TITLE	<input type="checkbox"/> Delete	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Harold T. McCormick	
STREET ADDRESS		3900 Marriott Dr. Suite K	
CITY-ST-ZIP		Panama City, FL 32408	
TITLE	<input type="checkbox"/> Delete	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Bay Point Marina Co.	
STREET ADDRESS		3900 Marriott Dr. Suite K	
CITY-ST-ZIP		Panama City FL 32408	
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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*****50.00 *****50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: William F. Spann SIGNATURE REQUIRED William F. Spann 4-18-01 850-235-6917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)