

2000 UNIFORM BUSINESS REPORT (UBR)

AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005815

1. Entity Name
GRANDE TIMES OF BOCA GRANDE, LLC

Principal Place of Business 1861 PLACIDA RD., SUITE 204 ENGLEWOOD FL 34223	Mailing Address 1861 PLACIDA RD., SUITE 204 ENGLEWOOD FL 34223-4949
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cf 4110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>825 Wright St</i> Suite, Apt. #, etc.	3. Mailing Address <i>825 Wright St</i> Suite, Apt. #, etc.
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City & State <i>Englewood Florida</i>	City & State <i>Englewood Florida</i>	4. FEI Number <i>65-0949891</i>	Applied For Not Applicable
Zip <i>34223</i>	Country <i>USA</i>	Zip <i>34223</i>	Country <i>USA</i>

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

BATSEL, C. GUY
1861 PLACIDA RD., SUITE 204
ENGLEWOOD FL 34223

Name *William K Lyons*
Street Address (P.O. Box Number is Not Acceptable)
825 Wright St
City *Englewood* FL Zip Code *34223*

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 *William K Lyons* *William K Lyons* *3-27-00*
Signature, typed or printed name of registered agent and title if applicable (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	
TITLE NAME MGRM BATSEL, C. GUY STREET ADDRESS 1861 PLACIDA RD., SUITE 204 CITY-ST-ZIP ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 K Lyons* **SIGNATURE REQUIRED** *3-27-00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)