

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005815**

1. Entity Name
GRANDE TIMES OF BOCA GRANDE, LLC

FILED

01 JAN 25 PM 4:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**825 WRIGHT ST.
ENGLEWOOD FL 34223**

Mailing Address
**825 WRIGHT ST.
ENGLEWOOD FL 34223**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0949891

Applied For
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

**LYONS, WILLIAM K
825 WRIGHT ST.
ENGLEWOOD FL 34223**

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 _____
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

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGRM HONEY, J. KIMPTON
STREET ADDRESS **9600 EAGLE PRESERVE DR.**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE NAME Change Addition
600003623596--2
-02/02/01--01007--001
*******50.00 *****50.00**

TITLE NAME Delete
MEM LYONS, WILLIAM K
STREET ADDRESS **825 WRIGHT ST.**
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
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TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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: *J Kimpton Honey* **Member/Manager** 1/22/01
SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)