

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90086 031 \*\*\*\*50.00

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**DOCUMENT # L99000005815**

1. Entity Name

**GRANDE TIMES OF BOCA GRANDE, LLC**

Principal Place of Business

**825 WRIGHT ST.  
 ENGLEWOOD FL 34223**

Mailing Address

**825 WRIGHT ST.  
 ENGLEWOOD FL 34223**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0949891**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>MGRM</b>			
	<b>HONEY, J. KIMPTON</b>	<b>9600 EAGLE PRESERVE DR.</b>	<b>ENGLEWOOD FL 34224</b>	

10. ADDITIONS/CHANGES

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:** *J Kimpton* **Member/Manager** **2/13/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)