

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

06-18-2002 90487 044 \*\*\*\*61.25

**DOCUMENT # NO1000007152**

1. Entity Name

**GRAND OAK CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

829 ALTALOMA AVE  
 ORLANDO FL 32806

Mailing Address

210 E. KALEY ST  
 ORLANDO FL 32806

*change*

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 560115

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

City & State

ORL FL

Zip

32806-0115

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICE, EDWARD H JR  
 210 E.KALEY ST  
 ORLANDO FL 32806

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRIS P/VT	EDWARD H RICE JR	210 E. KALEY ST	ORL, FL 32806	<input checked="" type="checkbox"/>
VICE PRES	VIRGINIA RICE	210 E KALEY ST	ORL FL 32806	<input checked="" type="checkbox"/>
PRES	CHERE ROANE	831 ALTALOMA AVE	ORL FL 32803	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*SIGNATURE REQUIRED*

EDWARD H RICE JR  
 4/30/02 407-353-0331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)