

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90047 041 ****61.25

DOCUMENT # N95000005286

1. Entity Name

GRAND HAVEN MASTER ASSOCIATION, INC.

Principal Place of Business

**3 WATERIDE PKWY
PALM COAST FL 32137
US**

Mailing Address

**POB 354489
PALM COAST FL 32135
US**

2. Principal Place of Business

5 Sandpiper Court

3. Mailing Address

Samy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Coast

City & State

FL

4. FEI Number

59-3362792

Applied For

Not Applicable

Zip

32137

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CULLIS, JAMES T
3 WATERSIDE PKWY
PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name **James T. Cullis**
Street Address (P.O. Box Number is Not Acceptable)
5 Sandpiper Court
City **Palm Coast** **FL** Zip Code **32137**

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

2-6-01

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CULLIS, JAMES T 3 WATERSIDE PKWY PALM COAST FL 32137	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROCKETT, STEWART 3 WATERSIDE PKWY PALM COAST FL 32137	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUSSMAN, WILLIAM 3 WATERSIDE PKWY PALM COAST FL 32137	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONCHEZ, JAMES 3 WATERSIDE PKWY PALM COAST FL 32137	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VERGANI, C 3 WATERSIDE PKWY PALM COAST FL 32137	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Todd STIFFLER 5 Sandpiper Court Palm Coast FL 32137	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cheryl Gratham 5 Sandpiper Court Palm Coast FL 32137	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sergio Curbanao 5 Sandpiper Court Palm Coast FL 32137	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rob Sedlmeyer 5 Sandpiper Court Palm Coast FL 32137	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pete Chiodo 5 Sandpiper Court Palm Coast FL 32137	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tom Lawerance 5 Sandpiper Court Palm Coast FL 32137	☒ Change ☐ Addition

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:

James T. Cullis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)