

# 2000 UNIFORM BUSINESS REPORT (UBR)

AIC-6076

DOCUMENT # N97000002304

FILED

1. Entity Name

00 JAN 28 AM 11:15

**GRAND MANOR HOMEOWNERS ASSOCIATION, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4400 BAYOU BLVD.  
SUITE 6B  
PENSACOLA FL 32503

4400 BAYOU BLVD.  
SUITE 6B  
PENSACOLA FL 32503-1905



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3411951

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOORHEAD, STEPHEN R  
4300 BAYOU BLVD.  
SUITE 12 & 13  
PENSACOLA FL 32503

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	PD	<input type="checkbox"/> Delete
NAME	HARD, CHUCK	
STREET ADDRESS	4434 BELLVIEW #5B	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WHEELER, CHARLES	
STREET ADDRESS	4452 BELLVIEW #7A	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARKER, BEULAH	
STREET ADDRESS	444 BELLEVIEW #6A	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIPPENS, GARY G	
STREET ADDRESS	4400 BAYOU BLVD., STE. 6B	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRUCE, TAMMY	
STREET ADDRESS	4430 BELLEVIEW AVENUE, #4D	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800003123818	
STREET ADDRESS	-02/04/00--01028--017	
CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Gary G Tippens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E037 (9/99)