


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90075 010 ***150.00

DOCUMENT # P98000012549

1. Entity Name
GRASSY CAY, INC.



Principal Place of Business
C/O BROAD AND CASSEL
~~500 EAST BROWARD BLVD., SUITE 1130~~
FORT LAUDERDALE FL 33394

Mailing Address
C/O BROAD AND CASSEL
~~500 EAST BROWARD BLVD., SUITE 1130~~
FORT LAUDERDALE FL 33394



2. Principal Place of Business
ONE FINANCIAL PLAZA
Suite, Apt. #, etc.
Suite 2700
City & State
Ft. Lauderdale, FL

3. Mailing Address
ONE FINANCIAL PLAZA
Suite, Apt. #, etc.
Suite 2700
City & State
Ft. Lauderdale, FL

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0812679** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
IMPERATO, GABRIEL L
C/O BROAD AND CASSEL
~~500 EAST BROWARD BLVD., SUITE 1130~~
FORT LAUDERDALE FL 33394

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
ONE FINANCIAL PLAZA
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D IMPERATO, GABRIEL L 500 E. BROWARD BLVD. FT. LAUDERDALE FL 33394 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GILLESPIE, JOHN R JR 6550 N FEDERAL HWY SUITE 511 FT. LAUDERDALE FL 33308 33301 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ONE FINANCIAL PLAZA, Suite 2700 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition TOWER 101, Suite 1700, 101 NE 3rd Ave. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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 changes.

SIGNATURE: **SIGNATURE REQUIRED** **4-18-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)