

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007686

1. Entity Name

GRANT ALLIANCE, LLC

FILED

Aug 01 2000 8:00 am

Secretary of State

Principal Place of Business

975 BROADWAY  
DUNEDIN FL 34698

Mailing Address

975 BROADWAY  
DUNEDIN FL 34698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1035 Broadway

3. Mailing Address

1035 Broadway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dunedin Florida

City & State

Dunedin Florida

Zip

34698

Country

USA

Zip

34698

Country

USA

4. FEI Number

59-3611867

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CACCIOTTI, TONY  
1035 BROADWAY  
DUNEDIN FL 34698

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

400003349954--8

-08/08/00--01093--018

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete

NAME Tony Cacciotti  
STREET ADDRESS 1035 Broadway  
CITY-ST-ZIP Dunedin FL, 34698

TITLE ☐ Delete

NAME Manager  
STREET ADDRESS Rosalia Cacciotti  
CITY-ST-ZIP 1035 Broadway  
Dunedin FL, 34698

TITLE ☐ Delete

NAME Manager  
STREET ADDRESS Gabriella Mullins  
CITY-ST-ZIP 1035 Broadway  
Dunedin FL, 34698

TITLE ☐ Delete

NAME Manager  
STREET ADDRESS Nat Cacciotti  
CITY-ST-ZIP 1035 Broadway  
Dunedin FL 34698

TITLE ☐ Delete

NAME ~~Manager~~  
STREET ADDRESS ~~1035 Broadway~~  
CITY-ST-ZIP ~~Dunedin FL, 34698~~

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Tony Cacciotti*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7-25-00 (727) 733 3228

CR2E083 (5/00)