

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 363658

1. Entity Name
CASA GRANADA ENTERPRISES INCORPORATED

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90071 003 ***150.00

Principal Place of Business
**142 E GRANADA AVE
ORMOND BEACH FL 32176**

Mailing Address
**142 E GRANADA AVE
ORMOND BEACH FL 32176
US**



2. Principal Place of Business

3. Mailing Address

787 Ocean Shore Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
Ormond Beach FL

4. FEI Number **59-1296791**

Applied For
Not Applicable

Zip

Country

Zip

Country

32176 USA

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

**HEIST, JOHN S
787 OCEAN SHORE BLVD
ORMOND BEACH FL 32176**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PD HEIST, JOHN S | NAME | 787 Ocean Shore Blvd. |
| STREET ADDRESS | 142 E GRANADA | STREET ADDRESS | Ormond Beach, FL 32176 |
| CITY-ST-ZIP | ORMOND BCH FL | CITY-ST-ZIP | Ormond Beach FL 32176 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STD HEIST, ANN S. | NAME | 787 Ocean Shore Blvd. |
| STREET ADDRESS | 142 E GRANADA | STREET ADDRESS | Ormond Beach FL 32176 |
| CITY-ST-ZIP | ORMOND BCH FL | CITY-ST-ZIP | Ormond Beach FL 32176 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
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| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J.S. Heist, Pres 1/14/01 9044413535

CR2E034 (10/00)