

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 581852

1. Entity Name

GRANDOFF MORTGAGE INVESTORS, INC.

Principal Place of Business

412 MADISON STREET  
SUITE 816  
TAMPA FL 33602

Mailing Address

412 MADISON STREET  
SUITE 816  
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1873342

Applied For

Not Applicable

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

DEVOE, DEBORAH K  
412 MADISON ST  
SUITE 816  
TAMPA FL 33602

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

TITLE PD ☒ Delete  
NAME GRANDOFF, FRANCES, E.  
STREET ADDRESS 412 MADISON ST., STE 816  
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VTD ☐ Delete  
NAME HICKEY, BETTY  
STREET ADDRESS 412 MADISON ST.  
CITY-ST-ZIP TAMPA FL

TITLE PD T ☒ Change ☐ Addition  
NAME HICKEY, BETTY  
STREET ADDRESS 412 MADISON ST., #816  
CITY-ST-ZIP TAMPA FL 33602

TITLE VS ☐ Delete  
NAME DEVOE, DEBORAH  
STREET ADDRESS 412 MADISON ST  
CITY-ST-ZIP TAMPA, FL 00000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RONEY, SUZANNE  
STREET ADDRESS 412 MADISON ST STE 816  
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME DURKEE, DIANE  
STREET ADDRESS 412 MADISON ST., #816  
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME HICKEY, JOAN  
STREET ADDRESS 412 MADISON ST., #816  
CITY-ST-ZIP TAMPA FL 33602

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.

Deborah K. DeVoe, Vice President/Secretary

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

(813) 229-0874

Daytime Phone #

CR2E034 (10/00)

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TAMPA FL 33602

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SUITE 816  
TAMPA FL 33602

## ADDITIONAL DIRECTORS

D  
IMEL, PATRICIA  
412 MADISON ST., #816  
TAMPA FL 33602

D  
BUMGARNER, LINDA  
412 MADISON ST., #816  
TAMPA FL 33602

D  
HICKEY, JOHN B. JR.  
412 MADISON ST., #816  
TAMPA FL 33602

D  
HICKEY, MICHAEL  
412 MADISON ST., #816  
TAMPA FL 33602

*Attachment*  
*#581852*  
*761818*