

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001920

1. Entity Name

GRAND EXPEDITIONS, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90044 034 ***150.00

Principal Place of Business Mailing Address
4800 NORTH FEDERAL HIGHWAY, SUITE 307D 4800 NORTH FEDERAL HIGHWAY, SUITE 307D
BOCA RATON FL 33431 BOCA RATON FL 33431-3413

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 52-2150448

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTSON, TERRY L 610 HABERSHAM STREET, LOWER APT. SAVANNAH GA 31401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALL, DWAIN K 3332 VOLTA PLACE, N.W. WASHINGTON DC 20007	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BAIRD, CHARLES F JR 60 ARCH STREET, SUITE 1A GREENWICH CT 06830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNUDSEN, BRENT R 60 ARCH STREET, SUITE 1A GREENWICH CT 06830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEHRMAN, DOUGLAS W 60 ARCH STREET, SUITE 1A GREENWICH CT 06830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO TANNER, TRAVIS 181 KEY PALM ROAD BOCA RATON FL 33432	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CAVANAGH, THOMAS V 4800 N. FEDERAL HWY., SUITE 307 D BOCA RATON, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO SMITH, RICHARD 4800 N. FEDERAL HWY., SUITE 307 D BOCA RATON, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GERSTEN, RICHARD 60 ARCH STREET, SUITE 1A GREENWICH, CT 06830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR T.C. SWARTZ 2025 FIRST AVE., SUITE 450 SEATTLE, WA 98121	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WILLIAM THOMAS 60 ARCH STREET, SUITE 1A GREENWICH, CT 06830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4/5/00

Date

561-347 7654

Daytime Phone #

CR2E034 (9/99)