2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Aug 08, 2003 8:00 am Secretary of State		
DOCU	MENT # G1557	1					
1. Entity Nam					08-08-2003 9009)5 005 ***550.	.00
Principal Place of Business ### GRAND DETOUR ASSOCIATES 1001 NORTH US HIGHWAY ONE. SUITE 506 JUPITER NY 33477 Mailing Address ### GRAND DETOUR ASSOCIATES 1001 NORTH US HIGHWAY JUPITER NY 33477			HIGHWAY ONE.				£ #
2. Principal P	Place of Business	3. Mailing Address			-{ 	Bibil Bibil Bibil Bibil Bi	1 55 61611 5601
Suite, Apt,	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & Star	te	City & State		4. FEI Number 13-3142163		plied For Applicable	
Zip Country		Zip		5. Certificate of Status Desired See Required			
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Registe	red Agent	
AIDAL CEDATCEC INC				Name			
NRAI SERVICES, INC. 526 E. PARK AVENUE				Street Address (P.O. Box Number is Not Acceptable)			
	SSEE FL 32301				·····		
				City		FL Zip Code)
	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent an			ed office or register	red agent, or both, in the State of Florida.	l am familiar with, a	and accept
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.0 k Payable to Florida Department of				Election Campaign Financing Trust Fund Contribution.	~~.~	May Be to Fees
10	OFFICERS AND D	RECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINDLAY, KATHERINE D.W. 1001 N. US HIGHWAY ONE, #506 JUPITER FL 33477	☐ Dele	NAM STR			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'NEIL, JOHN J. 1285 AVE OF THE AMERICAS NEW YORK NY 10019-6064	☐ Dele	NAM Str		and the second s	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOLFE, PATRICIA J. 1001 N. US HIGHWAY ONE, #500 JUPITER FL 33477	☐ Delet	NAM STR	į.		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delet	NAM STR			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delet	NAN STR			☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delet	NAM			☐ Change	Addition

CITY-ST-ZIP

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 Shapter 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 empowered. SIGNATURE:

CITY-ST-ZIP

8/3/43 Date

5781-748-9255 Daysime Phone #