

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2003 8:00 am**  
**Secretary of State**

4/2.

04-23-2003 90230 017 \*\*\*\*50.00

**DOCUMENT # L00000002515**

1. Entity Name

**GRAND LAGOON CAFE, LLC**



Principal Place of Business

PO BOX 28134  
PANAMA CITY FL 32411

Mailing Address

PO BOX 28134  
PANAMA CITY FL 32411

**44001998**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3646106**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUGHES, J. ROBERT**  
**220 MCKENZIE AVENUE**  
**PANAMA CITY FL 32402**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**M**  
**W.F. SPANN & CO., INC.** ☐ Delete  
**3900 MARRIOTT DR., SUITE K**  
**PANAMA CITY FL 32408**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**M** ☒ Delete  
**CAPE HOLDINGS, INC**  
**3900 MARRIOTT DR., SUITE K**  
**PANAMA CITY FL 32408**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Member Manager** ☐ Change ☒ Addition  
**DRU Florida, LLC**  
**3900 Marriott Drive Suite K**  
**Panama City, FL 32408**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**M** ☒ Delete  
**MCCORMICK, HAROLD T**  
**3900 MARRIOTT DR., SUITE K**  
**PANAMA CITY FL 32408**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Member Manager** ☐ Change ☒ Addition  
**Jean K. McCormick**  
**3900 Marriott Dr. Suite K**  
**Panama City, FL 32408**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**M** ☐ Delete  
**BAY POINT MARINA CO**  
**3900 MARRIOTT DR., SUITE K**  
**PANAMA CITY FL 32408**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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** *W.F. Spann* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-22-03**

**850-235-1960**

Date

Daytime Phone #

CR2E083 (10/02)