

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90133 032 ***150.00

DOCUMENT # L56169

1. Entity Name
GRANDE ISLAND VACATIONS, INC.



Principal Place of Business
**P.O BOX 97
BOCA GRANDE FL 33921**

Mailing Address
**P.O BOX 97
BOCA GRANDE FL 33921**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0181994**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PETERSON, SCOTT D

~~8020 BOCA GRANDE CAUSEWAY~~ **6020 Boca Grande Causeway**
BOCA GRANDE FL 33921

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **HANNA, JOSEPH R.**
STREET ADDRESS **330 NEWCASTLE RD**
CITY-ST-ZIP **ROCHESTER NY**

TITLE **VP** ☐ Delete
NAME **PERSONS, LISA**
STREET ADDRESS **3312 PENNYROYAL ROAD**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **ST** ☐ Delete
NAME **PETERSON, SCOTT**
STREET ADDRESS **5611 BURNHAM COURT**
CITY-ST-ZIP **N. FT. MYERS FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **VP S** ☒ Change ☐ Addition
NAME **Persons, Lisa A.**
STREET ADDRESS **12020 Kelly Green Blvd #125**
CITY-ST-ZIP **FT. MYERS, FL 33908**

TITLE **PT** ☒ Change ☐ Addition
NAME **Peterson, Scott D.**
STREET ADDRESS **5611 Burnham Ct**
CITY-ST-ZIP **N. Ft. Myers, FL 33903**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Chapter 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03
Date

941-964-2080
Daytime Phone #

CR2E034 (10/02)