

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002327

1. Entity Name  
THE GRILCOAT COMPANY, L.C.

Principal Place of Business  
4745 SOUTH ATLANTIC AVENUE, UNIT 505  
PONCE INLET FL 32127

Mailing Address  
4745 SOUTH ATLANTIC AVENUE, UNIT 505  
PONCE INLET FL 32127-7192

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3603562

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

GRAIL, DON  
4745 SOUTH ATLANTIC AVENUE, UNIT 505  
PONCE INLET FL 32127

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

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR M/PRES/TREAS ☐ Delete  
STREET ADDRESS GRAIL, DON  
CITY-ST-ZIP 4745 SOUTH ATLANTIC AVENUE, UNIT 505  
PONCE INLET FL 32127

TITLE NAME MEMBER/VP ☐ Change ☒ Addition  
STREET ADDRESS JOHNSON, HARRISON H. JR.  
CITY-ST-ZIP 1835 Earnest Road  
Chuckney TN 37641-5674

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME MEMBER/VP ☐ Change ☒ Addition  
STREET ADDRESS STAM, HENNE A. J.  
CITY-ST-ZIP 4765 S. Atlantic Av., #505  
Ponce Inlet FL 32127

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 300003280963-1  
CITY-ST-ZIP -06/08/00--01011--025  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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: *Signature* DONALD E. GRAIL 4-12-00 904-756-9804  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

APPROVED  
AND  
FILED  
JUL 10 1999  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E083 (9/99)