

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004225

1. Entity Name

GRANDE LAGOON VENTURES, L.L.C.

Principal Place of Business

C/O WILLIAM A. POPE III

10065 EMERALD COAST PARKWAY SUITE C-3

DESTIN FL 32541

Mailing Address

C/O WILLIAM A. POPE III

10065 EMERALD COAST PARKWAY SUITE C-3

DESTIN FL 32541-4920

2. Principal Place of Business

1708 OLD HIGHWAY 98

Suite, Apt. #, etc.

3. Mailing Address

1708 OLD HIGHWAY 98

Suite, Apt. #, etc.

City & State

DESTIN FL

Zip

Country

City & State

DESTIN FL

Zip

Country

4. FEI Number

59-3606278

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WINGATE, ALVIN A

10901 GULF BEACH HWY

PENSACOLA FL 32507

7. Name and Address of New Registered Agent

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

TITLE NAME MGRM WINGATE ENTERPRISES OF NORTH FLORIDA, INC. ☐ Delete  
STREET ADDRESS 10901 GULF BEACH HWY  
CITY- ST- ZIP PENSACOLA FL 32507

TITLE NAME MGRM THE POPE COMPANY, INC. ☐ Delete  
STREET ADDRESS 10065 EMERALD COAST PARKWAY SUITE C-3  
CITY- ST- ZIP DESTIN FL 32541

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME 1708 OLD HIGHWAY 98 ☒ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 8000003183518--6  
CITY- ST- ZIP -03/24/00--01091--004

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*50.00 ☐ Change ☐ Addition  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

*Alvin A. Wingate*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

FILED

00 MAR 13 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)