

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L 99000004225**

1. Entity Name

**GRAND LAGOON VENTURES, LLC**

Principal Place of Business

Mailing Address

**40 AHOIN A. WINGATE AHOIN A WINGATE  
10901 GULF BEACH HWY 10901 GULF BEACH HWY  
PENSACOLA, FL 32507 PENSACOLA, FL 32507**

**FILED**

**01 JUL 12 AM 8:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

2. Principal Place of Business

3. Mailing Address

**10901 GULF BEACH HWY 10901 GULF BEACH HWY  
Suite, Apt. #, etc. Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

City & State

**PENSACOLA FL**

**PENSACOLA, FL**

4. FEI Number

Applied For

**59-3606278**

Not Applicable

Zip Country

Zip Country

**32507 ESCOMBIA**

**32507 ESCOMBIA**

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

**WINGATE, AHOIN A  
10901 GULF BEACH HWY  
PENSACOLA, FL 32507**

Name **John H Wingate**

Street Address (P.O. Box Number is Not Acceptable)

**10821 GULF BEACH HWY**

City **PENSACOLA, FL**

Zip Code **FL 32507**

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 **John H Wingate**

**John H Wingate**

**July 11, 2001**

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**

**800004483948--0**

**-07/18/01--01023--005**

**\*\*\*\*\*55.00 \*\*\*\*\*55.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President (Manager) Wingate Enterprises &amp; Assoc FL INC 10901 GULF BEACH HWY PENSACOLA, FL 32507</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **John H Wingate**

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

**07/10/01 860 4920825**

Date

Daytime Phone #

CR2E083 (11/00)