2000 UNIFORM BUSINESS REPORT (UBR)

AND FILED

00 MAR 30 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005815

1. Entity Name
GRANDE TIMES OF BOCA GRANDE, LLC

Principal Place of Business
1861 PLACIDA RD.. SUITE 204
ENGLEWOOD FL 34223

Mailing Address
1861 PLACIDA RD.. SUITE 204
ENGLEWOOD FL 34223-4949

2. Principal Place of Business
825 Wright st
Suite, Apt. #, etc.

3. Mailing Address
825 Wright st
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Englewood Florida
Zip: 34223 Country: USA

City & State: Englewood Florida
Zip: 34223 Country: USA

4. FEI Number 65-0949851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BATSEL, C. GUY
1861 PLACIDA RD., SUITE 204
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name: William K Lyons
Street Address (P.O. Box Number is Not Acceptable): 825 Wright st
City: Englewood FL Zip Code: 34223

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: William K Lyons — Signature, typed or printed name of registered agent and title if applicable
William K Lyons — (NOTE: Registered Agent signature required when reinstating)
3-27-00 — DATE

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATSEL, C. GUY 1861 PLACIDA RD., SUITE 204 ENGLEWOOD FL 34223 ☒ 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	J Kimpton Honey MGR M 9600 Eagle Preserve Dr Englewood FL 34224 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William K Lyons M 825 Wright st Englewood FL 34223 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700003206357--3 -04/12/00--01088--008 *****50.00 *****50.00
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: SIGNATURE REQUIRED William K Lyons Member — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
3-27-00 — Date
Daytime Phone #

CR2E083 (9/99)