

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005220

1. Entity Name

GRAND PARENTS RIGHTS, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90065 015 ****61.25

0070239

Principal Place of Business

Mailing Address

3045 ESTERO BLVD.
FT. MYERS BCH FL 33931

3045 ESTERO BLVD.
FT. MYERS BCH FL 33931

2. Principal Place of Business

3045 ESTERO BLVD

Suite, Apt. #, etc.

7-1

3. Mailing Address

3045 ESTERO BLVD

Suite, Apt. #, etc.

7-1

City & State

FT MYERS BCH, FL

City & State

FT MYERS BCH, FL

Zip

33931

Country

Lee

Zip

33931

Country

Lee

4. FEI Number

651033371

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPARACINO, SAM
3045 ESTERO BLVD.
FT. MYERS BCH FL 33931

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SPARACINO, ROSE
STREET ADDRESS 3045 ESTERO BLVD.
CITY-ST-ZIP FT. MYERS BCH FL 33931

TITLE D ☐ Delete
NAME SPARACINO, SAM
STREET ADDRESS 3045 ESTERO BLVD.
CITY-ST-ZIP FT. MYERS BCH FL 33931

TITLE D ☐ Delete
NAME SPARACINO, JOSEPH
STREET ADDRESS 3045 ESTERO BLVD.
CITY-ST-ZIP FT. MYERS BCH FL 33931

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)