

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90002 004 \*\*\*\*61.25

**DOCUMENT # N12195**

1. Entity Name

**GRANDE LAGOON RANCHES ASSOCIATION, INC.**



Principal Place of Business

P.O. BOX 34266  
 PENSACOLA FL 32507

Mailing Address

P.O. BOX 34266  
 PENSACOLA FL 32507



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHILLER, JOSEPH**  
**3403 NIGHTHAWK LN**  
**PENSACOLA FL 32506**

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**

**After September 13, 2000 min. will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHILLER, JOE	
STREET ADDRESS	3403 NIGHTHAWK LN	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WINBORNE, BRENDA	
STREET ADDRESS	3302 NIGHTHAWK LN	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MULLINS, MEDORA	
STREET ADDRESS	11557 SORRENTO RD	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHILLER, SUSAN	
STREET ADDRESS	3403 NIGHTHAWK LN	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLINS, WALTER	
STREET ADDRESS	11557 SORRENTO RD	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WINBORNE, ROYCE	
STREET ADDRESS	3302 NIGHTHAWK LN	
CITY-ST-ZIP	PENSACOLA FL 32506	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN DOLGIN	
STREET ADDRESS	3298 NIGHTHAWK LANE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY GILES	
STREET ADDRESS	3555 NIGHTHAWK LANE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIM RINGER	
STREET ADDRESS	3024 CANNONADE DR.	
CITY-ST-ZIP	PENSACOLA FL 32506	

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:** *Medora Mullins* **REQUI MEDORA MULLINS** 8-11-2000 850-492-0928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)