

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

0017478

DOCUMENT # N12195

1. Entity Name

GRANDE LAGOON RANCHES ASSOCIATION, INC.

07-12-2001 90118 005 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 34266
 PENSACOLA FL 32507

P.O. BOX 34266
 PENSACOLA FL 32507

(1A)



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

Name

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

City

FL

Zip Code

SCHILLER, JOSEPH
3403 NIGHTHAWK LN
PENSACOLA FL 32506

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

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 checked="" 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 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	Daniel Dolain	
STREET ADDRESS	3298 Nighthawk LN	
CITY-ST-ZIP	Pensacola, FL 32506	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry Giles	
STREET ADDRESS	3555 Nighthawk	
CITY-ST-ZIP	Pensacola, FL 32506	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suzanne Wells	
STREET ADDRESS	3298 Nighthawk LN	
CITY-ST-ZIP	Pensacola, FL 32506	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elaine Pelletier	
STREET ADDRESS	3404 Nighthawk LN	
CITY-ST-ZIP	Pensacola, FL 32506	
TITLE	D	<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	Lawrence Kaiser	
STREET ADDRESS	16335 Perdido Key Dr	
CITY-ST-ZIP	Pensacola, FL 32507	

CRREC037 (10/00)

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: Suzanne Wells **REQUIRED**

9 July 2001 (850) 435-8761