

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90060 032 \*\*\*\*70.00

**DOCUMENT # N99000005467**



1. Entity Name  
**FLORIDA GRAND BANKS/EASTBAY OWNER'S ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**% HAL JONES & CO**  
**1900 SE 15TH STREET**  
**FT. LAUDERDALE FL 33316**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **65-0948054** 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  
**JONES, HAROLD M III**  
**% HAL JONES & CO**  
**1900 SE 15TH STREET**  
**FT. LAUDERDALE FL 33316**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, HAROLD M III</b>	
STREET ADDRESS	<b>% HAL JONES &amp; CO., 1900 SE 15TH STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOLZKAMP, BOB</b>	
STREET ADDRESS	<b>650 ISLE OF PALM DRIVE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CALDWELL, LAPSLEY</b>	
STREET ADDRESS	<b>32801 HWY 441 NORTH LOT 14</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL 34972</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, ROB</b>	
STREET ADDRESS	<b>431 KENMORE AVENUE</b>	
CITY-ST-ZIP	<b>KILMARNOCK VA 22482</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHULMAN, BOB</b>	
STREET ADDRESS	<b>5605 HAMMOCK LANE</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL 33319</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KEENAN, JOHN</b>	
STREET ADDRESS	<b>1022 SAGO PALM WAY</b>	
CITY-ST-ZIP	<b>APOLLO BEACH FL 33572</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

**HAROLD M. JONES III**

SIGNATURE: **SIGNATURE REQUIRED** DIRECTOR 4/25/2003 954-527-1778

CR2E037 (10/02)