

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90009 030 ***150.00

DOCUMENT # P00000055859 ✓

1. Entity Name
GRANDVIEW MOTEL COMPANY

Principal Place of Business
**1921 N. FEDERAL HWY
 FORT PIERCE, FL 34946**

Mailing Address
**SUITE 201
 725 SE PORT ST. LUCIE BLVD.
 PORT ST. LUCIE, FL 34984**

C0060321

2. Principal Place of Business
1921 N. FED HWY.

3. Mailing Address
725 SE PORT ST. LUCIE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT PIERCE

City & State
PORT ST. LUCIE, FL

4. FEI Number
65-1044343

Applied For
 Not Applicable

Zip
34946

Country
ST. LUCIE

Zip
34984

Country
ST. LUCIE

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 **JULIAN W. MANDODY**
 Street Address (P.O. Box Number is Not Acceptable)
725 SE PORT ST. LUCIE BLVD. ~~ST. LUCIE~~
SUITE 201
 City **PORT ST. LUCIE** FL Zip Code **34984**

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  **JULIAN W. MANDODY**

DATE **4/21/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:  **JULIAN W. MANDODY** DATE **4/21/01** (561) **295-4750**

CR2E034 (11/00)