

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90031 017 ***150.00

DOCUMENT # P00000088623

1. Entity Name
GRANDVIEW REALTY CORPORATION

Principal Place of Business Mailing Address
 759 S FEDEAL HWY. SUITE 212 759 S FEDEAL HWY. SUITE 212
 STUART FL 34994 STUART FL 34994

2. Principal Place of Business 3. Mailing Address
725 SE PORT ST. LUCIE BLVD.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
201

City & State City & State
PORT ST. LUCIE, FLORIDA
 Zip Country
34984 **ST. LUCIE**

4. FEI Number Applied For
65-1051795 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, MATTHEW L
 759 S FEDEAL HWY, SUITE 212
 STUART FL 34994

Name **JULIAN W. MANDODY**
 Street Address (P.O. Box Number is Not Acceptable)
725 SE PORT ST. LUCIE BLVD. #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* **JULIAN W. MANDODY** DATE **4/3/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 | JULIAN W. MANDODY <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| | |
|---------------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JULIAN W. MANDODY, PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SUITE 201 725 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34984 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secy. TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LESLIE S. MANDODY 10680 S. OCEAN DR. #904 JENSEN BEACH, FL 34957 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 all other persons empowered.

SIGNATURE: *Julian W. Mandody* **JULIAN W. MANDODY** Date **4/3/01** Daytime Phone # **561-285-4750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)