

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90006 027 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000096980			
1. Entity Name GRAND GATHERINGS, INC.			
Principal Place of Business 2201 BRIDGE STREET ENGLEWOOD FL 34223		Mailing Address 2201 BRIDGE STREET ENGLEWOOD FL 34223	
2. Principal Place of Business 211 Nassau St. S. Suite, Apt. #, etc.		3. Mailing Address 211 Nassau St. S. Suite, Apt. #, etc.	
City & State Venice, FL		City & State Venice, FL	
Zip 34285	Country US	Zip 34285	Country US
4. FEI Number 45-1052315		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEDARD, MARIANNE 2201 BRIDGE STREET ENGLEWOOD FL 34223		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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/>		\$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	D BEDARD, MARIANNE 2201 BRIDGE STREET ENGLEWOOD FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.			
SIGNATURE: Marianne Bedard		Date 1-3-01 Daytime Phone # (941)484-1312	

CR2E034 (10/00)