

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000095086

1. Entity Name

GRAND HAVEN DEVELOPMENT, INC.

FILED

02 OCT 28 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
230 SE 45TH TERR.  
CAPE CORAL FL 33904

Mailing Address  
230 SE 45TH TERR.  
CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FCI Number

65-1145983

Applicant for

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHUTT, DARRIN C  
1105 CAPE CORAL PKWY., SUITE C  
CAPE CORAL FL 33904

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

*[Signature]*  
Signature, typed or printed name of registered agent and the applicant.

*Darrin C. Schutt*

(NOTE: Registered Agent's signature required when renouncing.)

10/16/02

DATE

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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

TITLE: PRESIDENT  
NAME: JAMES M. WILTEEDINK  
STREET ADDRESS: 230 S.E. 45TH TERRACE  
CITY-STATE-ZIP: CAPE CORAL, FL 33904

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-STATE-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME: 100008437051  
STREET ADDRESS: -10/18/02--01005--005  
CITY-STATE-ZIP: \*\*\*\*\*550.00 \*\*\*\*\*550.00

TITLE: ☐ Change ☐ Addition  
NAME: 100008437051--2  
STREET ADDRESS: -10/18/02--01005--008  
CITY-STATE-ZIP: \*\*\*\*\*550.00 \*\*\*\*\*550.00

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-STATE-ZIP: ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(3)(b), 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 or in an attachment with an address, with all other the empowered.

SIGNATURE:

*James M. Wilteedink, Pres 10/3/02*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR