

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011644

1. Entity Name
CINCO GRANDE, INC.

Principal Place of Business

2100 SE 17TH ST
STE 300
OCALA FL 32671

Mailing Address

352 CROMPTON STREET
CHARLOTTE NC 28273
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MCKEEVER, JOHN P
2100 SE 17TH ST
SUITE 300
OCALA FL 32671

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

Signature, typed or printed name of registered agent and title if applicable.

(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.
(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

TITLE **PS** ☐ Delete
NAME **BRUCH, DUANE H**
STREET ADDRESS **352 CROMPTON STREET**
CITY-ST-ZIP **CHARLOTTE NC 28273**

TITLE **VT** ☐ Delete
NAME **GOLDBERG, MAXWELL**
STREET ADDRESS **2880 LE BATEAU DR**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **V** ☐ Delete
NAME **MUNGENAST, DAVE**
STREET ADDRESS **5939 SOUTH LINDBERGH BOULEVARD**
CITY-ST-ZIP **ST LOUIS MO 63123**

TITLE **V** ☐ Delete
NAME **VAUGHAN, ROGER**
STREET ADDRESS **5101 S NICHOLS ST**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE **V** ☐ Delete
NAME **SCHWARTZ, SAM**
STREET ADDRESS **130 WOODMERE BLVD., SOUTH**
CITY-ST-ZIP **WOODMERE NY 11598**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90019 007 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3158198** ☒ Applied For
☐ Not Applicable

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

CR2E034 (10/00)