

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011644

1. Entity Name

CINCO GRANDE, INC.

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90881 005 ***158.75

0581085 AT

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3158198

Applied For

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 28273TITLE VT ☐ Delete
NAME GOLDBERG, MAXWELL
STREET ADDRESS 2880 LE BATEAU DR
CITY-ST-ZIP PALM BEACH GARDENS FL 33410TITLE V ☐ Delete
NAME MUGENAST, DAVE
STREET ADDRESS 5939 SOUTH LINDBERGH BOULEVARD
CITY-ST-ZIP ST LOUIS MO 63123TITLE V ☐ Delete
NAME VAUGHAN, ROGER
STREET ADDRESS 5101 S NICHOLS ST
CITY-ST-ZIP TAMPA FL 33611TITLE V ☐ Delete
NAME SCHWARTZ, SAM
STREET ADDRESS 130 WOODMERE BLVD., SOUTH
CITY-ST-ZIP WOODMERE NY 11598TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)