

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90146 043 ***158.75

DOCUMENT # P92000011644

1. Entity Name
CINCO GRANDE, INC.



Principal Place of Business

~~2100 SE 17TH ST~~
~~6TE-300~~
~~OCALA FL 32671~~

Mailing Address

352 CROMPTON STREET
CHARLOTTE NC 28273
US



2. Principal Place of Business

500 N.E. 8TH AVENUE
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

OCALA, FLORIDA

City & State

4. FEI Number

59-3158198

Applied For

Not Applicable

Zip

34470

Country

MARION

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

CHANGE OF ADDRESS
ONLY

7. Name and Address of New Registered Agent

Name JOHN P. MCKEEVER, P.A.
Street Address (P.O. Box Number is Not Acceptable) 500 N.E. 8TH AVENUE

City Ocala

FL

Zip Code 34470

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DUANE H. BRUCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)