

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90495 050 ***150.00

DOCUMENT # P94000064575

1. Entity Name
GRANDE ISLE RESORTS, INC.



Principal Place of Business
221 E. GARDEN STREET
6-W
PENSACOLA FL 32501

Mailing Address
221 E. GARDEN STREET
6-W
PENSACOLA FL 32501



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3264906**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEAD, HOWARD O
221 E. GARDEN STREET, STE. 6-W
PENSACOLA FL 32501

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PSD	HEAD, HOWARD O	221 E. GARDEN STREET, STE. 6-W	PENSACOLA FL 32501	<input type="checkbox"/>	<input type="checkbox"/>
VPTD	HEAD, HOWARD G	221 E. GARDEN STREET, STE. 6-W	PENSACOLA FL 32501	<input type="checkbox"/>	<input type="checkbox"/>
VPD	HEAD, MARIE	221 E. GARDEN STREET, STE. 6-W	PENSACOLA FL 32501	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	HEAD, GINA FER	221 E. GARDEN STREET, STE. 6-W	PENSACOLA FL 32501	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03 (850) 469-1842
Date Daytime Phone #

CR2E034 (10/02)