

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035925

1. Entity Name

THE GRAND CARIBBEAN COMPANY

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90030 010 ***150.00

Principal Place of Business

Mailing Address

36468 EMERALD COAST PKWY
SUITE 1201
DESTIN FL 32541
US

36468 EMERALD COAST PKWY
SUITE 1201
DESTIN FL 32541-3723
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

59-3323741

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

KRAEMER, MARY K
727 HWY. 98 EAST
DESTIN FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

36474 Emerald Coast Pkwy
Suite 4101

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GWIN, CURTIS H	36468 EMERALD COAST PKWY, SUITE 1201	DESTIN FL 32541	<input type="checkbox"/>
D	SHOULTS, HOWARD R	36468 EMERALD COAST PKWY, SUITE 1201	DESTIN FL 32541	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Curtis H. Gwin

2-8-00

850-837-0392

Date

Daytime Phone #

CR2E034 (9/99)