

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90053 010 ***150.00

951815



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000037678

1. Entity Name

GRAND SEAS A, INC.

Principal Place of Business

Mailing Address

**100 N ATLANTIC AVE
 DAYTONA BCH FL 32118
 US**

**P.O. BOX 265174
 DAYTONA BEACH FL 32126-5174**

2. Principal Place of Business

100 EAST GRANADA BLVD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

City & State

Zip

32176

Country

US

Country

4. FEI Number

59-3389340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**REINMAN, JAMES L
 1825 S RIVERVIEW DR
 MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

**VAUGHAN, KATHRYN, ESQ.
 Street Address (P.O. Box Number is Not Acceptable)
 REINMAN, MATHESON, KOSTRO & VAUGHAN, P. A.
 110 EAST GRANADA BLVD. SUITE 104
 City ORMOND BEACH FL Zip Code 32176**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	REINMAN, JAMES L	
STREET ADDRESS	1825 S RIVERVIEW DR	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KANDEL, MARTIN M	
STREET ADDRESS	21 RIVER RIDGE TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COLTELLI, LARRY	
STREET ADDRESS	48 TALAQUAH BLVD	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHLOSSBERG, STEVE	
STREET ADDRESS	9 WATERBERRY CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10 TALAQUAH BLVD	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1601 N. HALIFAX AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/26/00
 Date

(904)257-2026
 Daytime Phone #

CR2E034 (9/99)