

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91768 001 ***300.00

DOCUMENT # P96000037678

1. Entity Name
GRAND SEAS A, INC.

Principal Place of Business

**100 EAST GRANADA BLVD.
 ORMOND BEACH FL 32176
 US**

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

100 East Granada Blvd

1st Floor

Ormond Beach FL

32176

US

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

7. Name and Address of New Registered Agent

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

Name **Reinman, James L Kathy Vaughn**
 Street Address (P.O. Box Number is Not Acceptable)
110 East Granada Blvd
Suite 104
 City **Ormond Beach FL 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, 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, 2001 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	D	<input checked="" 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	18 TALAQUAN 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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

2-3-01 904 257-2026

Date

Daytime Phone #

CR2E034 (10/00)