

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046278

1. Entity Name

GRAND SHORES MANAGEMENT GROUP, INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90076 019 ***150.00

Principal Place of Business	Mailing Address
1096 OLD HWY 98 SUITE C102B DESTIN FL 32541 US	1096 OLD HWY 98 SUITE C102B DESTIN FL 32541-7015 US



DO NOT WRITE IN THIS SPACE

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	59-3449676	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAYNARD, STEVEN H 1096 OLD HWY 98 SUITE C102B DESTIN FL 32541

7. Name and Address of New Registered Agent	
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.

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	
TITLE	P
NAME	MAYNARD, STEVEN H
STREET ADDRESS	1096 OLD HWY 98, SUITE C102B
CITY-ST-ZIP	DESTIN FL 32541
TITLE	VP
NAME	PRYOR, ROBERT
STREET ADDRESS	1096 OLD HWY 98, SUITE C102B
CITY-ST-ZIP	DESTIN FL 32541
TITLE	S
NAME	MAYNARD, KAY
STREET ADDRESS	1096 OLD HWY 98, SUITE C102B
CITY-ST-ZIP	DESTIN FL 32541
TITLE	T
NAME	PRYOR, NORMA
STREET ADDRESS	1096 OLD HWY 98
CITY-ST-ZIP	DESTIN FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VD
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SD
NAME	MAYNARD, KAYE
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TD
NAME	PRYOR, NORMA
STREET ADDRESS	136 SEVEN OAKS DR
CITY-ST-ZIP	KNOXVILLE TN 37901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: STEVE H. MAYNARD, PRESIDENT Steve H. Maynard 4/10/2000 850-654-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)