

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90176 049 ***150.00

DOCUMENT # P97000046278

1. Entity Name

GRAND SHORES MANAGEMENT GROUP, INC.

Principal Place of Business

**1096 OLD HWY 98
 SUITE C102B
 DESTIN FL 32550
 US**

Mailing Address

**1096 OLD HWY 98
 SUITE C102B
 DESTIN FL 32550
 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

59-3449676

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAYNARD, STEVEN H
 1096 OLD HWY 98
 SUITE C102B
 DESTIN FL 32550**

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, 2002 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 PD
 NAME MAYNARD, STEVEN H
 STREET ADDRESS 1096 OLD HWY 98, SUITE C102B
 CITY-ST-ZIP DESTIN FL 32550 ☐ Delete

TITLE
 NAME **PRESIDENT & TREASURE** ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD
 NAME PRYOR, ROBERT
 STREET ADDRESS 1096 OLD HWY 98, SUITE C102B
 CITY-ST-ZIP DESTIN FL 32550 ☒ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD
 NAME MAYNARD, KAYE
 STREET ADDRESS 1096 OLD HWY 98, SUITE C102B
 CITY-ST-ZIP DESTIN FL 32550 ☒ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD
 NAME PRYOR, NORMA
 STREET ADDRESS 136 SEVEN OAKS DR
 CITY-ST-ZIP KNOXVILLE TN 37901 ☒ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **DAVID** ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **BELL, DAVID** ☐ Delete
 STREET ADDRESS **260 VININGS WAY BLVD**
 CITY-ST-ZIP **DESTIN, FL 32541**

TITLE
 NAME **SECTY** ☐ Change ☒ Addition
 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:

Stephen H. Maynard **STEPHEN H. MAYNARD** 4/10/2 8506541818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)