

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90781 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

215 Grand Blvd  
Suite, Apt. #, etc.

3. Mailing Address

215 Grand Blvd  
Suite, Apt. #, etc.

City & State

Sandestin, FL  
Zip 32550

Country

City & State

Sandestin, FL  
Zip 32550

Country

USA

4. FEI Number

59-3449676

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

MAYNARD, STEVEN H

1096 OLD HWY 98 215 Grand Blvd.

SUITE C102B

DESTIN FL 32550 Sandestin, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT  
NAME MAYNARD, STEVEN H  
STREET ADDRESS 1096 OLD HWY 98, SUITE C102B  
CITY-ST-ZIP DESTIN FL 32550

☐ Delete

TITLE S  
NAME BELL, DAVID  
STREET ADDRESS 260 VIVINGS WAY BLVD  
CITY-ST-ZIP DESTIN FL 32541

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 215 Grand Blvd.  
CITY-ST-ZIP Sandestin, FL 32550

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 215 Grand Blvd  
CITY-ST-ZIP Sandestin, FL 32550

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)