## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P9700084957 GRANDE ISLAND REAL ESTATE, INC. 01-25-2001 90097 041 \*\*\*150.00 Principal Place of Business Mailing Address POST OFFICE BOX 97 POST OFFICE BOX 97 BOCA GRANDE FL 33921 BOCA GRANDE FL 33921 902760 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 65-0789406 Applied For City & State 4. FEI Number Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PETERSON, SCOTT D Street Address (P.O. Box Number is Not Acceptable) 6020 BOCA GRANDE CAUSEWAY **BOCA GRANDE FL 33921** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PSTD** ☐ Addition Change ☐ Delete TITLE TITLE HANNA, JOSEPH R NAME NAME 330 NEW CASTLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROCHESTER NY 14610** ☐ Addition ☐ Change TITLE ☐ Delete TITLE CORKHILL, JOHN T NAME NAME STREET ADDRESS 5581 BURNHAM CT. STREET ADDRESS N. FT. MYERS FL 33903 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOHN T. CORKHILL 1-14-01 941-945-8575

Date Dayline Phone \*