

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90022 043 ***150.00

DOCUMENT # P98000002553

1. Entity Name
GRANDVIEW LIVING, INC.

Principal Place of Business
**3250 DOUGLAS FERRY RD
 BONIFAY FL 32425**

Mailing Address
**3250 DOUGLAS FERRY RD
 BONIFAY FL 32425**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3486817**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MILLER, CATHY WARD
 3250 DOUGLAS FERRY RD
 BONIFAY FL 32425**

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, 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	P	<input type="checkbox"/> Delete
NAME	MILLER, CATHY W	
STREET ADDRESS	3250 DOUGLAS FERRY RD	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, J R	
STREET ADDRESS	3250 DOUGLAS FERRY RD	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	WARD, AL	
STREET ADDRESS	3250 DOUGLAS FERRY RD	
CITY-ST-ZIP	BONIFAY FL 32425	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *Cathy W Miller* **Cathy W Miller**

Date **1/8/01**

Daytime Phone # **850 547-0692**

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE