

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024224

1. Entity Name

CAYO GRANDE NAVARRE, INC.

Principal Place of Business

STE 200  
FORT WALTON BEACH FL 32547  
US

Mailing Address

7730 NAVARRE PARKWAY  
NAVARRE FL 32566  
US

2. Principal Place of Business

7730 Navarre Pkwy  
Suite, Apt. #, etc.  
Navarre, FL

3. Mailing Address

P.O. Box 456

Suite, Apt. #, etc.

City & State  
Navarre, Fl.

City & State  
Ft. Walton Beach, Fl

4. FEI Number 59-3500344

Applied For  
Not Applicable

Zip Country  
32566 USA

Zip Country  
32549 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARSON, LOWELL  
817 PINEDALE  
FORT WALTON BEACH FL 32548

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, 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

TITLE NAME ☐ Delete  
P LARSON JR, LOWELL C  
STREET ADDRESS 712 BAYOU VIEW DR  
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE NAME ☐ Delete  
S HENDERSON, BRENDA  
STREET ADDRESS 712 BAYOU VIEW DR  
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition  
LOWELL C. LARSON, JR.  
STREET ADDRESS 817 Pinedale Road  
CITY-ST-ZIP Ft. Walton Beach, Fl 32547

TITLE NAME ☒ Change ☐ Addition  
BRENDA HENDERSON  
STREET ADDRESS 200 Miracle Strip Pkwy, # 402  
CITY-ST-ZIP Ft. Walton Beach, Fl 32548

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

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

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

TITLE NAME ☐ 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, name or other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 09, 2001 8:00 am  
Secretary of State

03-09-2001 90491 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)

3-7-01

850-863-3242