

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State
 08-21-2000 90214 045 ***550.00

DOCUMENT # P98000048736

1. Entity Name

GRANITE SILVERTHORN, INC.

Principal Place of Business

4550 GOLF CLUB LANE
 BROOKSVILLE FL 34609

Mailing Address

4550 GOLF CLUB LANE
 BROOKSVILLE FL 34609

2. Principal Place of Business

8585 E. Hartford Drive

Suite, Apt. #, etc.

114

City & State

Scottsdale, AZ

Zip

85255

Country

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

Same

6. Name and Address of Current Registered Agent

KEIDAISH, PHILIP F. JR.
 505 WEKIVA SPRINGS ROAD
 SUITE 300
 LONGWOOD FL 32779

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	LEWIS, ELLIOT	
STREET ADDRESS	4550 GOLF CLUB LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, T M	
STREET ADDRESS	4550 GOLF CLUB LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ELLIOT LEWIS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8585 E. Hartford Dr. #114	
STREET ADDRESS	Scottsdale, AZ 85255	
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/30/00

(480) 824-6000

CP2E034 (5/00)