## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P99000039631 1. Entity Name GRAND OAKS HOLDING COMPANY Mailing Address Principal Place of Business 2601 SOUTH BAYSHORE DRIVE. SUITE 900 2601 SOUTH BAYSHORE DRIVE. SUITE 900

## **FILED** May 16, 2000 8:00 am Secretary of State

05-16-2000 90164 032 \*\*\*150.00

WIAMI FL 33133-5461			MIAMI FE 33133-3412								
								:	<b>.</b> (8))	)DI 1)DI 1221	
2. Principal Place of Business Highway			3. Mailing Address. 200 S. Biscayne Boulevard								
Suite, Apt. # Suite 1	#_etc. L05E	-	Suite, Apt. #, etc. Suite 4900				DO NOT WR	ITE IN THIS S	PACE		
City & State Boca Raton, FL			City & State Miami, FL			4. FE	I Number		- <del> </del>	oplied For ot Applicable	
Zip 33431		Country	Zip 33131	Country		<b>5.</b> Ce	ertificate of Status Desired		<b>\$8.75</b> Add Fee Require		
	6. Name	and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent					
GOLDMAN, JOEL K 2601 SOUTH BAYSHORE DRIVE, SUITE 900					Name K. Lawrence Gragg  Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33133-5461			200 \$			. Biscayne Blvd., Suite 4900					
		Miami FL Zip Code 33131									
SIGNATURE _		r submits this platement for	the purpose of manging its	registered office o			4/8	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, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
11.		OFFICERS AND D	PIRECTORS	12.	· · · · · · · · · · · · · · · · · · ·	ADD	ITIONS/CHANGES TO OF	FICERS AND			
TITLE	Ρ		>⊠ Delete	TITLE	P/D				☐ Change	x Addition	
NAME	ANNESS, LISA			NAME	1	kerman, Richard S.					
STREET ADDRESS CITY-ST-ZIP	MIAMI FL	ith Bayshore Drive, 33133-5461	SUITE 900	STREET ADDRESS CITY-ST-ZIP	1		Federal Highw ton, FL 33431	ay, Sui			
TITLE	VŠD		xxx Delete	TITLE	V				Change	🔀 Addition	
NAME	GOLDMAN			NAME	Gitli	in,	Gene			i	
STREET ADDRESS CITY-ST-ZIP		ITH BAYSHORE DRIVE, 33133-5461	SUITE 900	STREET ADORESS CITY-ST-ZIP	1		Federal Highwa	y, Suit	e 105E		
TITLE	VTD		Delete	TITLE	DOCA	IXEL	Ville All All All All All All All All All		☐ Change	☐ Addition	
NAME	FISCHER,	JOHN H	XX	NAME							
STREET ADDRESS		ITH BAYSHORE DRIVE,	SUITE 900	STREET ADDRESS							
CITY-ST-ZIP		33133-5461		CITY-ST-ZIP							
TITLE	VAS		Delete	TITLE					☐ Change	☐ Addition	
NAME	COOK, PA	\ULA	XX	NAME							
STREET ADDRESS	2601 SOL	ITH BAYSHORE DRIVE,	SUITE 900	STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL	33133-5461		CITY-ST-ZIP				***			
TITLE	۷D		Delete	TITLE					Change	Addition	
NAME		THOMAS W		NAME							
STREET ADDRESS		JTH BAYSHORE DRIVE,	SUITE 900	STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL	33133-5461		CITY-ST-ZIP							
TITLE	VD		XX Delete	TITLE					Change	☐ Addition	
NAME		n, cotter		NAME							
STREET ADDRESS		ITH BAYSHORE DRIVE,	SUITE 900	STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL	33133-5461		CITY-ST-ZIP							
		4 4 12 H 1 14					IN ADJUNESS FRANCISCO CALABARA	. Streethor oar	iilii. shaas shaa l	oformation.	

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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Richard S. Ackerman 4/30/00 561-395-9666

Daytime Phone #