2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90311 013 ***150.00

DOCUMENT # P99000087919

1. Entity Name
OLD GRANDAD MANAGEMENT CORP.

Principal Place of Business	Mailing Address
1396 BEACH BLVD. JACKSONVILLE BEACH FL 32250	1396 BEACH BLVD. JACKSONVILLE BEACH FL 32250

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt.#, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3601102 ☐ Applied For ☐ Not Applicable

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
HAYES, DENNIS E 2320 THE WOODS DRIVE WEST JACKSONVILLE FL 32246	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed, name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KNOUSE, MARGARET P 1396 BEACH BLVD. JACKSONVILLE BEACH FL 32250	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition DP SAMUEL B KNOUSE 1396 BCH BLVD JAX BCH 32250
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WINTER, CURTIS 1396 BEACH BLVD JACKSONVILLE BEACH FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KNOUSE, SCOTT 1396 BEACH BLVD JACKSONVILLE BEACH FL 32250	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Samuel B. Knouse 3-7-03 724 458 4165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

05.805 REV 9/86

This is to certify that the information here given is correctly copied from an original certificate of death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Attachment

Fee for this certificate, $2.00

90108668

P99000087919

P 8075150

No.

Local Registrar

March 29, 2002

Date

H105.144 Rev. 1/91

TYPE/PRINT IN PERMANENT BLACK INK

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS

CERTIFICATE OF DEATH

(Coroner)

STATE FILE NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT (First, Middle, Last): Margaret Patricia Knouse	2. SEX: Female	3. SOCIAL SECURITY NUMBER: 166-32-3474	4. DATE OF DEATH (Month, Day, Year): March 28, 2002		
5. AGE (Last Birthday): 60 Yrs.	UNDER 1 YEAR: Months / Days	UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Month, Day, Year): Aug 21 1941	7. BIRTHPLACE (City and State or Foreign Country): Shenandoah PA	PLACE OF DEATH (Check only one – see instructions on other side): Hospital: Inpatient ☐ ER/Outpatient ☐ DOA ☐ Other: Nursing Home ☐ Residence ☒ Other (Specify) ☐
8a. COUNTY OF DEATH: Mercer	8b. CITY, BORO, TWP. OF DEATH: Grove City	8c. FACILITY NAME (If not institution, give street and number): 605 Tidball Avenue	8d. WAS DECEDENT OF HISPANIC ORIGIN? No ☑ Yes ☐ If yes, specify Cuban, Mexican, Puerto Rican, etc.	9. RACE - American Indian, Black, White, etc. (Specify): White	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, do not use retired): Coowner	10b. KIND OF BUSINESS/INDUSTRY: Retail Grocery Store	11. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes ☐ No ☒	12. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 College (1-4 or 5+):	13. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	14. SURVIVING SPOUSE (If wife, give maiden name): Samuel B. Knouse
15a. DECEDENT'S MAILING ADDRESS (Street, City/Town, State, Zip Code): 605 Tidball Ave. Grove City, PA 16127	15b. DECEDENT'S ACTUAL RESIDENCE (See instructions on other side)	16a. State: Pennsylvania	16b. County: Mercer	16c. Did decedent live in a township? Yes ☐ twp.	16d. No, decedent lived within actual limits of: Grove City ☒ city/boro
17. FATHER'S NAME (First, Middle, Last): Leo M. Carroll		18. MOTHER'S NAME (First, Middle, Maiden Surname): Marion O'Brien			
19a. INFORMANT'S NAME (Type/Print): Samuel B. Knouse		19b. INFORMANT'S MAILING ADDRESS (Street, City/Town, State, Zip Code): 605 Tidball Ave, Grove City, PA 16127			

DISPOSITION

20a. METHOD OF DISPOSITION: Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify) ☐	20b. DATE OF DISPOSITION (Month, Day, Year): April 2, 2002	20c. PLACE OF DISPOSITION - Name of Cemetery, Crematory or Other Place: Pittsburgh Cremation	20d. LOCATION - City/Town, State, Zip Code: Ross Twp. Allegheny Co. PA	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Michael P. Cunningham	21b. LICENSE NUMBER: 013262-L	21c. NAME AND ADDRESS OF FACILITY: Cunningham Funeral Home, Inc. Grove City, PA 16127		

PRONOUNCING PHYSICIAN ONLY (See definition on other side)

22a. Complete items 22a-c only when certifying physician is not available at time of death to certify cause of death.	22b. To the best of my knowledge, death occurred at the time, date and place stated. (Signature and Title)	22c. LICENSE NUMBER	22d. DATE SIGNED (Month, Day, Year)	
23a. Items 23-26 must be completed by person who pronounces death.	23b. TIME OF DEATH: 5:25 A.M.	23c. DATE PRONOUNCED DEAD (Month, Day, Year): March 28, 2002	24. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? Yes ☒ No ☐	

CAUSE OF DEATH (See instructions on other side)

25. PART I: Enter the diseases, injuries or complications which caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

		Approximate interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Atherosclerotic Cardiovascular Disease	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b.	DUE TO (OR AS A CONSEQUENCE OF):	
c.	DUE TO (OR AS A CONSEQUENCE OF):	
d.	DUE TO (OR AS A CONSEQUENCE OF):	

PART II: Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I.

26a. WAS AN AUTOPSY PERFORMED? Yes ☒ No ☐	26b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes ☒ No ☐	27. MANNER OF DEATH: Natural ☒ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined ☐	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY A.M. P.M.	28c. INJURY AT WORK? Yes ☐ No ☐	28d. DESCRIBE HOW INJURY OCCURRED	
28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	28f. LOCATION (Street, City/Town, State)						

CERTIFIER (See definitions on other side)

CERTIFIER (Check only one)	29a. SIGNATURE AND TITLE OF CERTIFIER: Scott A. Black Deputy Coroner	
*CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed Item 23). To the best of my knowledge, death occurred due to the cause(s) and manner as stated. ☐	29b. LICENSE NUMBER	29c. DATE SIGNED (Month, Day, Year): 3-28-02
*PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☐	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 27) Type or Print: Scott A. Black 99 Franklin St. Stoneboro, PA 16153	
*MEDICAL EXAMINER/CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☒		
31a. REGISTRAR'S SIGNATURE AND NUMBER: #3408	31b. DATE FILED (Month, Day, Year): 3-29-2002	

NAME OF DECEDENT: Margaret P. Knouse

ALIAS USED: Honey Knouse

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