

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90001 028 ****70.00

0046729

DOCUMENT # 766480

1. Entity Name

GRIFFIN GARDENS TENANT LEAGUE, INCORPORATED

Principal Place of Business

Mailing Address

4881 GRIFFIN RD
 APT 204
 DAVIE FL 33314
 US

4881 GRIFFIN RD
 APT ~~204~~ 203
 DAVIE FL 33314
 US

604420



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

GRIFFIN GARDEN

4881 GRIFFIN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 204

APT 204

City & State

City & State

DAVIE FLA

DAVIE FLA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33314

BROWARD

33314

BROWARD

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

KRUGER, JANE A
4881 GRIFFIN RD
APT 204
DAVIE FL 33314

Name **JOANNE BARBOZA**

Street Address (P.O. Box Number is Not Acceptable)

4881 GRIFFIN RD 203

DAVIE

City

FL

Zip Code

33314

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 *Joanne Barboza* **JOANNE BARBOZA**

3/20/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** Delete
 NAME **BURGER, AUDREY**
 STREET ADDRESS **4881 GRIFFIN RD #375**
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE **SAME** Change Addition
 NAME **AUDREY BURGER**
 STREET ADDRESS **4881 GRIFFIN RD APT 325**
 CITY-ST-ZIP **DAVIE FLA 33314**

TITLE **S** Delete
 NAME **HUTCHINS, SHIRLEY**
 STREET ADDRESS **4881 GRIFFIN RD APT 204**
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE **SAME** Change Addition
 NAME **SHIRLEY HUTCHINS**
 STREET ADDRESS **4881 GRIFFIN RD APT 323**
 CITY-ST-ZIP **DAVIE FLA 33314**

TITLE **P** Delete
 NAME **KRUGER, JANE**
 STREET ADDRESS **4881 GRIFFIN RD APT 204**
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE **P** Change Addition
 NAME **JOANNE BARBOZA**
 STREET ADDRESS **4881 GRIFFIN RD #203**
 CITY-ST-ZIP **DAVIE, FL 33314**

TITLE **T** Delete
 NAME **POLLITT, MAE**
 STREET ADDRESS **4881 GRIFFIN RD, #116**
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE **SAME** Change Addition
 NAME **MAE POLLITT**
 STREET ADDRESS **4881 GRIFFIN RD APT 314**
 CITY-ST-ZIP **DAVIE FLA 33314**

TITLE **D** Delete
 NAME **WATER, MARY M**
 STREET ADDRESS **4881 GRIFFIN RD**
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE **D** Change Addition
 NAME **JANE KRUGER**
 STREET ADDRESS **4881 GRIFFIN RD**
 CITY-ST-ZIP **DAVIE FLA 33314 APT 204**

TITLE **D** Delete
 NAME **MAYES, MARGARET**
 STREET ADDRESS **4881 GRIFFIN RD, #107**
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE **SAME** Change Addition
 NAME **LEE CONSENTINO**
 STREET ADDRESS **4881 GRIFFIN RD #426**
 CITY-ST-ZIP **DAVIE, FL 33314**

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 617, 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 *Joanne Barboza* **JOANNE BARBOZA**

9/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)