

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-04-2003 90139 036 ****70.00

DOCUMENT # 766480
1. Entity Name
GRIFFIN GARDENS TENANT LEAGUE, INCORPORATED



Principal Place of Business
**GRIFFIN GARDEN
4881 GRIFFIN RD., APT 122
DAVIE FL 33314
US.**

Mailing Address
**GRIFFIN GARDEN
4881 GRIFFIN RD., APT 122
DAVIE FL 33314
US.**

55054245

2. Principal Place of Business
4881 Griffin Road

3. Mailing Address
4881 Griffin Road.

Suite, Apt. #, etc.
#122

City & State
DAVIE FL.

City & State
DAVIE FL.

Zip
33314

Country
BROWARD.

Country
BROWARD.

4. FEI Number **APPLIED FOR**
30-8260251

Applied For
 Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**BARBOZA, JOANNE
4881 GRIFFIN RD., APT 122 MOVED
DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name
EMERALD ROBERTS

Street Address (P.O. Box Number is Not Acceptable)
4881 Griffin Road

City
DAVIE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Emerald Roberts* DATE: **7-8-03**

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

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

70.00
TR. # DV85309047822

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, DOROTHY 4881 GRIFFIN RD., APT 101 DAVIE FL 33314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALL, MARIENE N 4881 GRIFFIN RD., APT 322 DAVIE FL 33314	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KHALIFE, BETTY J 4881 GRIFFIN RD., APT 423 DAVIE FL 33314	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, RUTH 4881 GRIFFIN RD., APT 202 DAVIE FL 33314	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTEZ, EFFIE 4881 GRIFFIN RD., APT 218 DAVIE FL 33314	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Terry Ward 4881 Griffin Road apt (101) DAVIE FL 33314	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EMERALD ROBERTS 4881 Griffin Rd APT(122) DAVIE FL 33314	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAREN HOWARD 4881 Griffin Rd APT(301) DAVIE FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Betty Delancy 4881 Griffin Rd APT(316)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B Patricia Bloch 4881 Griffin Rd apt(207) DAVIE FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shirley Hutchins 4881 Griffin Rd apt(323) DAVIE FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERTRUDE KINNEBREW 4881 Griffin Road. apt.(213) DAVIE FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **EMERALD ROBERTS PRESIDENT** *Emerald Roberts* 954-791-4932
Date: **7-8-03**

CREED037 (4/03)