# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 19, 2001 8:00 am**
**Secretary of State**
01-19-2001 90071 027 ***150.00

0604308

DOCUMENT # 851325

1. Entity Name
GRIFFIN INDUSTRIES, INC.

Principal Place of Business
4221 ALEXANDRIA PIKE
COLD SPRING KY 41076

Mailing Address
4221 ALEXANDRIA PIKE
COLD SPRING KY 41076

000074

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 61-0563430 — Applied For / Not Applicable

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

**6. Name and Address of Current Registered Agent**
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

**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 $150.00**
**After MAY 1, 2001 Fee will be $550.00**
**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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE | C ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | GRIFFIN, DENNIS B | NAME | |
| STREET ADDRESS | 4221 ALEXANDRIA PIKE | STREET ADDRESS | |
| CITY-ST-ZIP | NEWPORT KY 41076 | CITY-ST-ZIP | |
| TITLE | T ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | BLAIR, STEVEN D. | NAME | |
| STREET ADDRESS | 4221 ALEXANDRIA PIKE | STREET ADDRESS | |
| CITY-ST-ZIP | COLD SPRING KY | CITY-ST-ZIP | |
| TITLE | P ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | GRIFFIN, JOHN | NAME | |
| STREET ADDRESS | 4221 ALEXANDRIA PIKE | STREET ADDRESS | |
| CITY-ST-ZIP | COLD SPRING KY 41076 | CITY-ST-ZIP | |
| TITLE | S ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | SOLIMINE, LOUIS F | NAME | |
| STREET ADDRESS | 4221 ALEXANDRIA PIKE | STREET ADDRESS | |
| CITY-ST-ZIP | COLD SPRING KY 41076 | CITY-ST-ZIP | |
| TITLE | D ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | HOLT, DAVID L | NAME | |
| STREET ADDRESS | 4221 ALEXANDRIA PIKE | STREET ADDRESS | |
| CITY-ST-ZIP | COLD SPRING KY | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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:** Steve Holt CEO 1/16/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)