2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State
01-26-2000 90025 015 ***150.00

DOCUMENT # 227835

1. Entity Name

BEN HILL GRIFFIN, INC.

Principal Place of Business	Mailing Address
700 SOUTH ALT U S 27 FROSTPROOF FL 33843	P. O. BOX 127 FROSTPROOF FL 33843-0127

DO NOT WRITE IN THIS SPACE

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 59-0585518 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~BARROW, J.C. JR.~~
700 SOUTH ALT U S 27
FROSTPROOF, FL
33843

7. Name and Address of New Registered Agent

Name: Hurst, Stewart W.
Street Address (P.O. Box Number is Not Acceptable): 700 South Scenic Hwy.
City: Frostproof, FL Zip Code: 33843

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 _____ 2/1/2000
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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	AST DE ANTONIO, NORMA J 929 N. RIVERDALE ROAD AVON PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Hendry, Lloyd 14631 Orange River Rd. Ft. Myers, FL 33905	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GRIFFIN, BEN HILL IV 1 BRACRES LANE FROSTPROOF FL 33843	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD GRIFFIN, B.H., III 1317 N. LAKE REEDY BLVD. FROSTPROOF FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARROW, J.C. JR. 831 OSCELA AVENUE LAKE WALES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RESPRESS, DONNA H. 801 CLINCH LAKE BLVD FROSTPROOF FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARTSAW, K.E. 2003 COUNTRYSIDE CIRCLE N. ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ 1/20/2000 863-635-2251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #