## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am Secretary of State 227835 DOCUMENT # 1. Entity Name 04-22-2002 90263 039 \*\*\*150.00 BEN HILL GRIFFIN, INC. Mailing Address Principal Place of Business P. O. BOX 127 700 SOUTH ALT U S 27 FROSTPROOF FL 33843 FROSTPROOF FL 33843 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0585518 Not Applicable \$8.75 Additional\_ Zip Country Zip Country 5. Certificate of Status Desired. -- . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HURST, STEWART W Street Address (P.O. Box Number is Not Acceptable) 700 SOUTH ALT U S 27 FROSTPROOF FL 33843 Zip Code City FI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. V.T Change ☐ Addition TITLE TIT! F ☐ Delete HURST, STEWART W NAME NAME 335 SCENIC HWY STREET ADDRESS STREET ADDRESS BABSON PARK FL 33827 CITY-ST-ZIP CITY-ST-ZIP ☐ Change X Addition ... Delete TITLE V,D TITLE GRIFFIN, BEN HILL IV NAME Eugene C. Mooney NAME STREET ADDRESS 1 BRACRES LANE 1139 S. Lake Reedy Blvd. STREET ADDRESS CITY-ST-ZIP FROSTPROOF FL 33843 CITY-ST-ZIP Frostproof, FL 33843 ☐ Change Addition TITI F Delete TITLE CPD NAME GRIFFIN, B.H., III STREET ADDRESS 1317 N. LAKE REEDY BLVD. STREET ADDRESS CITY-ST-ZIP FROSTPROOF FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME HENDRY, LLOYD NAME STREET ADDRESS 14631 ORANGE RIVER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33905 ☐ Change ☐ Addition TITLE TITLE ☐ Delete RESPRESS, DONNA H. NAME NAME STREET ADDRESS STREET ADDRESS 801 CLINCH LAKE BLVD CITY-ST-7IP FROSTPROOF FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME HARTSAW, K.E. NAME 2003 COUNTRYSIDE CIRCLE N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 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

SIGNATURE:

changed, or on an attachment

Stewart W. Hurst

an address, with all other like empowered.

04 12 02

863-635-2251

Daytime Phone #

FILED