

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 13, 2001 8:00 am**
Secretary of State

04-13-2001 90086 013 ***150.00

DOCUMENT # 376097**1. Entity Name**
GRIFFIN PROPERTIES, INC.**Principal Place of Business****4231 BAY TO BAY BLVD**
TAMPA FL 33629**Mailing Address****4807 BEACH PARK DRIVE**
TAMPA FL 33609**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 59-1313406

Applied For

Not Applicable

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****GRIFFIN, BARBARA B**
4807 BEACH PARK DRIVE
TAMPA FL 33609

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** **PD** ☐ Delete
NAME **GRIFFIN, BARBARA B**
STREET ADDRESS **4807 BEACH PARK DRIVE**
CITY-ST-ZIP **TAMPA FL 33609****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **GRIFFIN, RODNEY L II**
STREET ADDRESS **4227 BAY TO BAY BLVD**
CITY-ST-ZIP **TAMPA FL 33624****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **GRIFFIN, ROBERT L**
STREET ADDRESS **4231-1/2 BAY-TO-BAY BLVD**
CITY-ST-ZIP **TAMPA FL 33629****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** **D** ☐ Delete
NAME **GRIFFIN, BROOKS C**
STREET ADDRESS **3740 25TH ST., APT. 301**
CITY-ST-ZIP **SAN FRANCISCO CA 94110****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:** *Barbara B. Griffin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/08/2001

Date

1813-902-1911
813-289-1712

Date of Filing

CR2E034 (10/00)