

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 421970

1. Entity Name

GRIFFIN FUNDING, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90180 019 ***150.00

Principal Place of Business

Mailing Address

2601 N PENINSULA AVE
NEW SMYRNA BEACH FL 32169

2601 N PENINSULA AVE
NEW SMYRNA BEACH FL 32169-2068

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1584265

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, LONNIE E
2801 N.PENINSULA AVE.
NEW SMYRNA BCH. FL 32169

Name LARRY G. DEVER
Street Address (P.O. Box Number is Not Acceptable)
909 CLUBHOUSE DRIVE
City NEW SMYRNA BEACH, FL Zip Code 32168

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)

2/18/2000
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	VD	<input type="checkbox"/> Delete
NAME	DEVER, LARRY G	
STREET ADDRESS	2328 VICTORY PALM DR	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, LONNIE E	
STREET ADDRESS	2801 N.PENINSULA AVE.	
CITY-ST-ZIP	NEW SMYRNA BCH. FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIN, LONNIE E	
STREET ADDRESS	921 PACE AVE	
CITY-ST-ZIP	MAITLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVER, LARRY G.	
STREET ADDRESS	909 CLUBHOUSE DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALLARD, KELLY	
STREET ADDRESS	4166 N.W. 64TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/2000 (904) 428-2228
Date Daytime Phone #

CR25234 (9/00)