

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90035 014 ***150.00

DOCUMENT # 425079

1. Entity Name

GRIFFIN GROVES, INC.

Principal Place of Business

**700 SOUTH SCENIC HIGHWAY
P O BOX 216
FROSTPROOF FL 33843**

Mailing Address

**700 SOUTH SCENIC HIGHWAY
P O BOX 216
FROSTPROOF FL 33843**

2. Principal Place of Business

700 South Scenic Highway

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

700 South Scenic Highway

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1500098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRIFFIN III B H
700 SOUTH SCENIC HIGHWAY
FROSTPROOF FL 33843**

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

TITLE **PD** ☐ Delete
NAME **GRIFFIN, B.H., III**
STREET ADDRESS **1317 N. LAKE REEDY BLVD**
CITY-ST-ZIP **FROSTPROOF FL**

TITLE **D** ☐ Delete
NAME **GRIFFIN, DOROTHY B.**
STREET ADDRESS **1317 N LAKE REEDY BLVD**
CITY-ST-ZIP **FROSTPROOF FL**

TITLE **TD** ☐ Delete
NAME **ALEXANDER, JOHN R.**
STREET ADDRESS **327 SUNSET ROAD**
CITY-ST-ZIP **FROSTPROOF FL**

TITLE **D** ☐ Delete
NAME **ALEXANDER, SARAH JANE**
STREET ADDRESS **327 SUNSET ROAD**
CITY-ST-ZIP **FROSTPROOF FL**

TITLE **D** ☐ Delete
NAME **HARRIS, HARRIETT G.**
STREET ADDRESS **1990 EL PASO E.**
CITY-ST-ZIP **BARTOW FL**

TITLE **VD** ☐ Delete
NAME **HARRIS, GEORGE W., JR.**
STREET ADDRESS **1990 EL PASO E.**
CITY-ST-ZIP **BARTOW FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SD** ☐ Change ☒ Addition
NAME **COLLIER, LUCY ANNE**
STREET ADDRESS **2750 N. LAKE REEDY BLVD.**
CITY-ST-ZIP **FROSTPROOF, FL 33843**

TITLE **D** ☐ Change ☒ Addition
NAME **COLLIER, WAYNE**
STREET ADDRESS **2750 N. LAKE REEDY BLVD.**
CITY-ST-ZIP **FROSTPROOF, FL 33843**

TITLE **D** ☐ Change ☒ Addition
NAME **MILLIGAN, FRANCIE G.**
STREET ADDRESS **116 ST. LAWRENCE AVE. - WORTHING**
CITY-ST-ZIP **WEST SUSSEX, BN147JL ENGLAND**

TITLE **D** ☐ Change ☒ Addition
NAME **MILLIGAN, DAVID P.**
STREET ADDRESS **116 ST. LAWRENCE AVE. - WORTHING**
CITY-ST-ZIP **WEST SUSSEX BN147JL ENGLAND**

TITLE ☐ Change ☐ Addition
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:

B. H. Griffin III
B. H. Griffin III, President

1-24-01

Date

863/635-2251

Daytime Phone #

CR2E034 (10/00)

0530750