

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90032 004 ***150.00

DOCUMENT # 457116

1. Entity Name

GRANTHAM DISTRIBUTING CO., INC.

Principal Place of Business

Mailing Address

2685 HANSROB ROAD
 ORLANDO FL 32804

2685 HANSROB ROAD
 ORLANDO FL 32804-3317

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

59-1549395

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANTHAM, H. VARLEY
2685 HANSROB ROAD
ORLANDO FL 32804

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, 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	DST	<input type="checkbox"/> Delete
NAME	GRANTHAM, LINDA	
STREET ADDRESS	1925 LAKESIDE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRANTHAM, H. VARLEY	
STREET ADDRESS	2685 HANSROB RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GRANTHAM, HENRY VARLEY J	
STREET ADDRESS	2685 HANSROB ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

HENRY V. GRANTHAM, JR.

Date

Daytime Phone #

HENRY V. GRANTHAM, JR.

4/19/00

407-299-6446

CR2E034 (9/99)