

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2002 8:00 am  
Secretary of State

02-05-2002 90063 034 \*\*\*\*61.25

DOCUMENT # 709464

1. Entity Name

C.V. GRIFFIN, SR. FOUNDATION, INC.

Principal Place of Business

Mailing Address

200 N. DENNING DRIVE  
SUITE 3  
WINTER PARK FL 32789

200 N. DENNING DRIVE  
SUITE 3  
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6166263

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, ELSIE R  
911 PARK AVE N.  
WINTER PARK FL 32789

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
SD	BOLAND, V. MARK	911 PARK AVE N.	WINTER PARK FL 32789	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
CD	GRIFFIN, ELSIE R	911 PARK AVE NO	WINTER PARK FL 32789	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MCAULIFFE, JAMES J	1109 S RIVERSIDE	EDGEWATER FL 32032	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02

Date

(407) 539-1424

Daytime Phone #

CR2E037 (9/01)