

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90028 040 \*\*\*\*61.25

**DOCUMENT # 728213**

1. Entity Name

**GRIFFIN PARK COMMUNITY CLUB, INC.**

Principal Place of Business

Mailing Address

**9100 FLINT ST.  
 NEW PORT RICHEY FL 34654  
 US**

**9100 FLINT ST.  
 NEW PORT RICHEY FL 34654-1230  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1890269**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SANDERS, WM.  
 11341 SAGE AVE.  
 NEW PORT RICHEY FL 34654**

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	T	<input type="checkbox"/> Delete
NAME	<b>SANDERS, WM.</b>	
STREET ADDRESS	<b>11341 SAGE AVE.</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>GORDON, FRANK</b>	
STREET ADDRESS	<b>9026 BOURBON ST.</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>KERSHNER, JAMES</b>	
STREET ADDRESS	<b>9023 RYE ST</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 33654</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>ADAMS, KENNETH</b>	
STREET ADDRESS	<b>9404 CHEROKEE DR</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 33654</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>JACKSON, GRANT</b>	
STREET ADDRESS	<b>9400 CHEROKEE DR</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>HENRY WILSON</b>	
STREET ADDRESS	<b>9401 BOURBON ST.</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	

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		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	0 BILL BRYANT	
STREET ADDRESS	9151 PEONY ST.	
CITY-ST-ZIP	NEWPORT RICHEL EX 30654	