

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

0046729

**DOCUMENT # 766480**

1. Entity Name

**GRIFFIN GARDENS TENANT LEAGUE, INCORPORATED**

03-22-2001 90001 028 \*\*\*\*70.00

Principal Place of Business

4881 GRIFFIN RD  
 APT 204  
 DAVIE FL 33314  
 US

Mailing Address

4881 GRIFFIN RD  
 APT ~~204~~ 203  
 DAVIE FL 33314  
 US

104420



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**GRIFFIN GARDEN**

3. Mailing Address

**4881 GRIFFIN RD**

Suite, Apt. #, etc.

**APT 204**

Suite, Apt. #, etc.

**APT 204**

City & State

**DAVIE FLA**

City & State

**DAVIE FLA**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

**33314**

Country

**BROWARD**

Zip

**33314**

Country

**BROWARD**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KRUGER, JANE A**  
**4881 GRIFFIN RD**  
**APT 204**  
**DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name **JOANNE BARBOZA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4881 GRIFFIN RD 203**  
**DAVIE**  
 City **FL** Zip Code **33314**

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 **Joanne Barboza** **JOANNE BARBOZA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/20/01**

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

TITLE **VP** ☐ Delete  
 NAME **BURGER, AUDREY**  
 STREET ADDRESS **4881 GRIFFIN RD #375**  
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE **S** ☐ Delete  
 NAME **HUTCHINS, SHIRLEY**  
 STREET ADDRESS **4881 GRIFFIN RD APT 204**  
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE **P** ☐ Delete  
 NAME **KRUGER, JANE**  
 STREET ADDRESS **4881 GRIFFIN RD APT 204**  
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE **T** ☒ Delete  
 NAME **POLLITT, MAE**  
 STREET ADDRESS **4881 GRIFFIN RD, #116**  
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE **D** ☒ Delete  
 NAME **WATER, MARY M**  
 STREET ADDRESS **4881 GRIFFIN RD**  
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE **D** ☒ Delete  
 NAME **MAYES, MARGARET**  
 STREET ADDRESS **4881 GRIFFIN RD, #107**  
 CITY-ST-ZIP **DAVIE FL 33314**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SAME** ☐ Change ☐ Addition  
 NAME **AUDREY BURGER**  
 STREET ADDRESS **4881 GRIFFIN RD APT 325**  
 CITY-ST-ZIP **DAVIE FLA 33314**

TITLE **SAME** ☐ Change ☐ Addition  
 NAME **SHIRLEY HUTCHINS**  
 STREET ADDRESS **4881 GRIFFIN RD APT 323**  
 CITY-ST-ZIP **DAVIE FLA 33314**

TITLE **P** ☒ Change ☐ Addition  
 NAME **JOANNE BARBOZA**  
 STREET ADDRESS **4881 GRIFFIN RD #203**  
 CITY-ST-ZIP **DAVIE, FL 33314**

TITLE **SAME** ☒ Change ☐ Addition  
 NAME **POLLITT**  
 STREET ADDRESS **4881 GRIFFIN RD APT 314**  
 CITY-ST-ZIP **DAVIE FLA 33314**

TITLE **D** ☒ Change ☐ Addition  
 NAME **JANE KRUGER**  
 STREET ADDRESS **4881 GRIFFIN RD**  
 CITY-ST-ZIP **DAVIE FLA 33314 APT 204**

TITLE **LEE** ☒ Change ☐ Addition  
 NAME **CONSENTINO**  
 STREET ADDRESS **4881 GRIFFIN RD #426**  
 CITY-ST-ZIP **DAVIE, FL 33314**

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 empowered.

SIGNATURE **Joanne Barboza** **JOANNE BARBOZA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/20/01**

CR2E037 (10/00)