

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

06-16-2002 90696 006 \*\*\*\*70.00

DOCUMENT # 766 480

1. Entity Name

GRIFFIN GARDENS TENENT LEAGUE,  
INCORPORATED

**DO NOT WRITE IN THIS SPACE**

869294

2. Principal Place of Business GRIFFIN GARDEN STEVANT Suite, Apt. #, etc. LEAGUE 4881 GRIFFIN Rd. #101 City & State DAVIE, FL Zip 33314 Country USA		3. Mailing Address % DOROTHY JACKSON, Pres. Suite, Apt. #, etc. Apt. 101 City & State DAVIE, FL Zip 33314 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number N/AE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	JO ANNE BARBOZA
Street Address (P.O. Box Number is Not Acceptable) 4881 GRIFFIN Rd. Apt 203	
City	DAVIE
State	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 Marlene N Ball Treas

6-11-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25  
Initial or Amended UBR

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 P NAME DOROTHY JACKSON STREET ADDRESS 4881 GRIFFIN Rd. Apt #101 CITY-ST-ZIP DAVIE FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME MARLENE N. BALL STREET ADDRESS 4881 GRIFFIN RD #322 CITY-ST-ZIP DAVIE FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE S NAME BETTY J. KALIFE STREET ADDRESS 4881 GRIFFIN Rd. #423 CITY-ST-ZIP DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME RUTH CARLSON STREET ADDRESS 4881 GRIFFIN Rd. #202 CITY-ST-ZIP DAVIE FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME EFFIE/CORTEZ STREET ADDRESS 4881 GRIFFIN RD, #218 CITY-ST-ZIP DAVIE FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME BETTY J. KALIFE STREET ADDRESS 4881 GRIFFIN RD. #423 CITY-ST-ZIP DAVIE FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marlene N Ball, Treas MARLENE N. BALL, TREAS. 6-11-02 9547469050

CR2E037B (12/01)