

# 2000 UNIFORM BUSINESS REPORT (UBR)

001412 AF

DOCUMENT # A99000000690

1. Entity Name  
GRIGG INVESTMENTS, LTD.

**FILED**  
00 APR 18 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

4/4/20



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
4440 MACEACHEN BLVD.  
SARASOTA FL 34233

Mailing Address  
4440 MACEACHEN BLVD.  
SARASOTA FL 34233-1730

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0911664

Applied For

Not Applicable

Zip

Country

Zip

Country

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

- DARNELL, ROBERT W  
2033 MAIN STREET  
SARASOTA FL 34237

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. Capital Contributions  
as Shown on record.

\$3,267,114.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME GRIGG, VERNON H  
STREET ADDRESS 4440 MACEACHEN BLVD.  
CITY - ST - ZIP SARASOTA FL 34233

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
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STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

*Vernon H. Grigg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

941-921-6991

CR2E003 (5/99)