

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F85705

1. Entity Name

GRIFFIS LUMBER, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90078 035 ***150.00

Principal Place of Business

Mailing Address

9333 NW 13TH ST.
GAINESVILLE FL 32606
US

P.O. BOX 357310
GAINESVILLE FL 32635-7310
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2203133

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

GRIFFIS, KATHY
P.O. BOX 357310
GAINESVILLE FL 32635-7310

Name

Bill Conwell

Street Address (P.O. Box Number is Not Acceptable)

9333 N.W. 13th St.

City

Gainesville, FL

FL

Zip Code

32653

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. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PVST
GRIFFIS, KATHY
9333 NW 13TH ST.
GAINESVILLE FL 32653

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P/T
Kathy Griffis
9333 N.W. 13th St.
Gainesville, FL 32653

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP/S
Bill Conwell
9333 N.W. 13th St.
Gainesville, FL 32653

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP/S
Bill Conwell
9333 N.W. 13th St.
Gainesville, FL 32653

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bill Conwell

Date

Daytime Phone #

2/15/00

352-372-9965

CR2E034 (9/99)