

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90033 029 \*\*\*150.00

**DOCUMENT # G15640**

1. Entity Name

**GRIFFIN WHOLESALE NURSERY, INC.**

Principal Place of Business

**SOUTH BETHLEHEM ROAD  
P.O. BOX 1838  
PLANT CITY FL 33564-1838**

Mailing Address

**SOUTH BETHLEHEM ROAD  
P.O. BOX 1838  
PLANT CITY FL 33564-1838**

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 848**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PLANT CITY FL**

4. FEI Number

**59-2330697**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33564-0848 USA**

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

**GALLOWAY, DAVID A  
506 N ALEXANDER ST.  
PLANT CITY FL 33566**

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. 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, 2002 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 **PD** ☐ Delete  
NAME **GRIFFIN, JOHN R.**  
STREET ADDRESS **SOUTH BETHLEHEM RD.**  
CITY-ST-ZIP **PLANT CITY FL**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **DAVID H. GALLOWAY**  
STREET ADDRESS **506 N. ALEXANDER ST**  
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **ST** ☐ Delete  
NAME **GRIFFIN, NINFA GUERRA**  
STREET ADDRESS **2325 WALLACE BRANCH ROAD**  
CITY-ST-ZIP **PLANT CITY FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)