

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2001 8:00 am  
Secretary of State

03-27-2001 90057 022 \*\*\*150.00

DOCUMENT # J30692

1. Entity Name

BANBURY INVESTMENTS, INC.

Principal Place of Business

P.O. Box 1949  
Ashland, KY 41105

Mailing Address

441 IOWA STREET  
ASHLAND KY 41102  
US

2. Principal Place of Business

7444 Botanica Pkwy  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1949  
Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Ashland, KY

4. FEI Number

59-2745515

Applied For

Not Applicable

Zip

Co y

34238

Zip

41105-1949

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

GRIFFITHS, JANET R.  
P.O. Box 1949  
Ashland, KY 41105

Name

Janet R. Griffiths

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

7444 Botanica Parkway

City

Sarasota

FL

34238

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, 2001 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	SV	<input type="checkbox"/> Delete
NAME	GRIFFITHS, MORRIS I.	
STREET ADDRESS	P.O. Box 1949	
CITY-ST-ZIP	ASHLAND, KY 41105	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRIFFITHS, JANET ROBINSO	
STREET ADDRESS	P.O. Box 1949	
CITY-ST-ZIP	Ashland, KY 41105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 1949	
STREET ADDRESS	Ashland, KY 41105-1949	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 1949	
STREET ADDRESS	Ashland, KY 41105-1949	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)