

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J96358

1. Entity Name

GRIFFITH ENTERPRISES, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90075 011 ***150.00

Principal Place of Business

Mailing Address

5279 W. PINE RIDGE BLVD.
BEVERLY HILLS FL 32665

5279 W. PINE RIDGE BLVD.
BEVERLY HILLS FL 34465-2869

2. Principal Place of Business

1819 S. Waterbird Pt
Suite, Apt. #, etc.

3. Mailing Address

1819 S. Waterbird Pt
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Crystal River FL

City & State

Crystal River FL

4. FEI Number

59-2847550

Applied For

Not Applicable

Zip
34429

Country
Citrus

Zip
34429

Country
Citrus

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIFFITH, WILLIAM
3086 N. APPALOOSA PT
CRYSTAL RIVER FL 32629

7. Name and Address of New Registered Agent

Name

Griffith William

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

1819 S Waterbird pt

City

Crystal River

FL

Zip Code

34429

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 William Griffith

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

(NOTE: Registered Agent signature required when reinstating)

William Griffith

4-21-00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRIFFITH, WILLIAM	
STREET ADDRESS	5279 W. PINE RIDGE BLVD	
CITY-ST-ZIP	BEVERLY HILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIFFITH, BETTY	
STREET ADDRESS	5279 W PINE RIDGE BLVD	
CITY-ST-ZIP	BEVERLY HILLS FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Griffith William	
STREET ADDRESS	1819 S. Waterbird Pt	
CITY-ST-ZIP	Crystal River FL 34429	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Griffith	
STREET ADDRESS	1819 S Waterbird Pt	
CITY-ST-ZIP	Crystal River FL 34429	
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:

William Griffith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00
Date

352-564-8925
Daytime Phone #

CR2E034 (9/99)