

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90066 045 ***150.00

DOCUMENT # L38618

1. Entity Name

J. G. GRIFFIN CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

% GREG GRIFFIN
885 N. WINTER PARK DR.
CASSELBERRY FL 32707

% GREG GRIFFIN
885 N. WINTER PARK DR.
CASSELBERRY FL 32707-2672

2. Principal Place of Business

3. Mailing Address

627 BONITA RD.

627 BONITA RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER SPRINGS FL

WINTER SPRINGS FL

Zip

Country

Zip

Country

32708

SEMINOLE

32708

SEMINOLE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIFFIN,
885 N. WINTER PARK DRIVE
CASSELBERRY FL 32707**

Name **GRIFFIN**

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

627 BONITA RD

City **WINTER SPRINGS**

FL

Zip Code **32708**

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 **J.G. GRIFFIN PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

1/8/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **J. GREG GRIFFIN**
STREET ADDRESS **885 N. WINTER PARK DR.**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **P** ☒ Change ☐ Addition
NAME **J. GREG GRIFFIN**
STREET ADDRESS **627 BONITA RD**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 all other like empowered.

SIGNATURE:

J. GREG GRIFFIN

1/8/00 (407)-327-10-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #