

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006429

1. Entity Name  
MCGILL GRIFFIN LLC

Principal Place of Business  
700 SOUTH PALAFOX STREET, SUITE 220  
PENSACOLA FL 32501

Mailing Address  
P.O. BOX 1030  
PENSACOLA FL 32595-1030

FILED

01 MAR -9 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3602325

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIFFIN, JOHN KEVIN  
700 SOUTH PALAFOX STREET, SUITE 220  
PENSACOLA FL 32501

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME MGRM ☐ Delete  
STREET ADDRESS MCGILL, GERALD A  
CITY-ST-ZIP 700 SOUTH PALAFOX STREET, SUITE 220  
PENSACOLA FL 32501

TITLE  
NAME 400003891134-9 ☐ Change ☐ Addition  
STREET ADDRESS -03/21/01--01103--009  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME MGRM ☐ Delete  
STREET ADDRESS GRIFFIN, JOHN K  
CITY-ST-ZIP 700 SOUTH PALAFOX STREET, SUITE 220  
PENSACOLA FL 32501

TITLE  
NAME *John Kevin Griffin* ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *John Kevin Griffin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)