

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

0073973

**DOCUMENT # N47509**

1. Entity Name

**OUR DAILY BREAD OF BRADENTON, INC.**

04-25-2001 90065 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1424 14TH ST., W.  
 BRADENTON FL 34205  
 US

P. O. BOX 9544  
 BRADENTON FL 34206-9544  
 US



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

**65-0374954**

Applied For

Not Applicable

Zip

Country

Zip

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

**GRIFFIN, EDWARD J**  
**1207 CASABELLE DR**  
**BRADENTON FL 34209**

Name **E. Kill, Robert**

Street Address (P.O. Box Number is Not Acceptable)  
**7704 19TH AVE. DR. W.**

City **Bradenton, FL** Zip Code **34209**

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

*E. J. Griffin, Treasurer*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4/19/01**  
 DATE

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	GRIFFIN, EDWARD J	
STREET ADDRESS	1267 CASABELLA DR	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, JOHN	
STREET ADDRESS	333 SUMERSET AVE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, PHILIP	
STREET ADDRESS	1603 52ND ST W	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, DAVID	
STREET ADDRESS	11401 9TH N #1003	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CROSS, ELLEN	
STREET ADDRESS	11120 SR 70 E	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUFF, PAUL	
STREET ADDRESS	4635 26TH ST W	
CITY-ST-ZIP	BRADENTON FL 34207	

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keyser, AL	
STREET ADDRESS	6311 3RD Ave W.	
CITY-ST-ZIP	Bradenton, FL 34209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Philip	
STREET ADDRESS	1603 52nd St. W.	
CITY-ST-ZIP	Bradenton	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Ds	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cross, Ellen	
STREET ADDRESS	11120 Sk. Road 70 E.	
CITY-ST-ZIP	Bradenton, FL 34202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*E. J. Griffin, Treasurer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(941) 798-9311**

CR2E037 (10/00)