

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90802 043 \*\*\*\*61.25

**DOCUMENT # N97000001408**

1. Entity Name

**GRIFFWOOD CO-OP, INC.**

Principal Place of Business

Mailing Address

03896 PICCIOLA RD  
 #214  
 FRUITLAND PARK FL 34731  
 US

PO BOX 492228  
 LEESBURG FL 34749-2228  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3439600**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JOHNSON, CHARLES D**  
**907 WEBSTER ST**  
**LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name **POLL L. WEAN for Wean + Matchaw, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1305 E. ROBINSON ST., STE A**  
 City **ORLANDO** FL Zip Code **32701**

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

*Poll Wean for Wean + Matchaw, P.A.*

**3/22/2000**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>SIEWERT, BERNARD C</b>	
STREET ADDRESS	<b>3896 PICCIOLA ROAD, LOT 251</b>	
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</b>	
TITLE	DS	<input type="checkbox"/> Delete
NAME	<b>LAMANNA, JUSTIN H</b>	
STREET ADDRESS	<b>3896 PICCIOLA ROAD, LOT 432</b>	
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</b>	
TITLE	DT	<input type="checkbox"/> Delete
NAME	<b>NIEKAMP, JAMES</b>	
STREET ADDRESS	<b>03896 PICCIOLA RD., #411</b>	
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>THOMAS, AGNES M</b>	
STREET ADDRESS	<b>3896 PICCIOLA ROAD, LOT 631</b>	
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>OLSZEWSKI, KATHERINE</b>	
STREET ADDRESS	<b>3896 PICCIOLA RD #421</b>	
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</b>	
TITLE	DV	<input type="checkbox"/> Delete
NAME	<b>THOMAS, CHARLES</b>	
STREET ADDRESS	<b>03896 PICCIOLA RD</b>	
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARLES THOMAS</b>	
STREET ADDRESS	<b>03796 PICCIOLA Rd, #631</b>	
CITY-ST-ZIP	<b>FRUITLAND PARK, FL 34731</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARK HOFFORD</b>	
STREET ADDRESS	<b>03896 Picciola Rd, #622</b>	
CITY-ST-ZIP	<b>FRUITLAND PARK, FL 34731</b>	
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	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERNARD SIEWERT</b>	
STREET ADDRESS	<b>03896 Picciola Rd, #251</b>	
CITY-ST-ZIP	<b>FRUITLAND PARK, FL 34731</b>	

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:

*Signature of Director*

**3-16-00**

**352-787-2700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (9/99)