2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

FILED DOCUMENT # N97000006675 Jan 18, 2000 8:00 am 1. Entity Name **Secretary of State** THE COLLEEN A. GRIFFIN CHARITABLE FOUNDATION, IN 01-18-2000 90178 004 ****61.25 Mailing Address Principal Place of Business 3905 AVENIDA MADERA 3905 AVENIDA MADERA BRADENTON FL 34210-3734 **BRADENTON FL 34210** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0798233 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GRIFFIN, MELVIN W 3905 AVENIDA MADERA **BRADENTON FL 34210** Zip Code FI 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 Make Check Payable to FILE NOW: -9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Change Addition TITLE ☐ Delete NAME GRIFFIN, MELVIN NAME STREET ADDRESS STREET ADDRESS 3905 AVENIDA MADERA CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34210** ☐ Change ☐ Addition SD ☐ Delete TITLE TITLE **GRIFFIN. BRUCE** NAME NAME STREET ADDRESS STREET ADDRESS 29 HOLLYDENE ROAD CITY-ST-ZIP CITY-ST-ZIP SCARBOROUGH ON M1-L2AA ☐ Change ~ Addition Delete TITLE TITLE DAVID GRIFFIN NAME GRIFFIN, DAVID NAME GGQ GABLEHURST CRESCENT STREET ADDRESS STREET ADDRESS 373 BLOOMFIELD AVE APT 2 ON CAN, LIVSGG CITY-ST-ZIE CITY-ST-ZIP NUTLEY NJ 07110 ☐ Change Addition TITLE ☐ Delete TITLE **GRIFFIN. RICHARD** NAME NAME STREET ADDRESS 2088 LUMBERMAN LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OAKLVILLE ON L6-M2Z1** ☐ Change TITLE ☐ Delete TITLE Addition SMITH, LORNA M STREET ADDRESS STREET ADDRESS BOX 16 SITE 33 RR #12 CITY-ST-ZIP CITY-ST-ZIP CALGARY AB T3-E6W3 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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