

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90130 045 ****70.00

DOCUMENT # N99000000721

1. Entity Name
GRIFFIN HEIGHTS NEIGHBORHOOD ASSOC., INC.



Principal Place of Business
**1100 RICHMOND ST.
TALLAHASSEE FL 32304**

Mailing Address
**PO BOX 20021
TALLAHASSEE FL 32316-0021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

☒ 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

**TAYLOR, ALLIE MAE
1432 CALLOWAY ST.
TALLAHASSEE FL 32304**

Name **Rodney Floyd**

Street Address (P.O. Box Number is Not Acceptable)
1001 CLAY STREET

City **Tallahassee**

FL

Zip Code **32304**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rodney Floyd *Rodney Floyd*

03-24-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, ALLIE M	
STREET ADDRESS	1432 CALLOWAY STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOYD, RODNEY	
STREET ADDRESS	1001 CLAY STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACKSON, GLADYS V	
STREET ADDRESS	1027 CALLOWAY STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARRP, THELMA	
STREET ADDRESS	1218 ABRAHAM STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Gladys V. Jackson* *GLADYS V. JACKSON*

03/24/03 850-321-2523

CR2E037 (10/02)