

2000¹ UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002353

1. Entity Name

THE GRIFFITH FOUNDATION, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90077 041 ****61.25

Principal Place of Business

14354 DULCIMER COURT
 ORLANDO FL 32837

Mailing Address

14354 DULCIMER COURT
 ORLANDO FL 32837

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

32837-7097

Country

USA

4. FEI Number

581654371

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GRIFFITH, RICHARD S SR
 14354 DULCIMER COURT
 ORLANDO FL 32837

7. Name and Address of New Registered Agent

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 \$61.25

After September 13, 2000 min. will be \$236.25

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 D ☐ Delete
 NAME GRIFFITH, RICHARD S SR
 STREET ADDRESS 14354 DULCIMER COURT
 CITY-ST-ZIP ORLANDO FL 32837

TITLE D ☐ Delete
 NAME GRIFFITH, ANN W
 STREET ADDRESS 14354 DULCIMER COURT
 CITY-ST-ZIP ORLANDO FL 32837

TITLE D ☐ Delete
 NAME GRIFFITH, RICHARD S JR
 STREET ADDRESS 14325 DULCIMER COURT
 CITY-ST-ZIP ORLANDO FL 32837

TITLE D ☐ Delete
 NAME GRIFFITH, ROBIN S
 STREET ADDRESS 14336 DULCIMER COURT
 CITY-ST-ZIP ORLANDO FL 32837

TITLE D ☐ Delete
 NAME GRIFFITH, ROBERT S
 STREET ADDRESS 14327 DULCIMER COURT
 CITY-ST-ZIP ORLANDO FL 32837

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)