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

Mailing Address

3. Mailing Address

City & State

Zip

14354 DULCIMER COURT

ORLANDO FL 32837-7097

Suite, Apt. #, etc.

DOCUMENT # N9900002353

Country

6. Name and Address of Current Registered Agent

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

1. Entity Name

Principal Place of Business

2. Principal Place of Business

14354 DULCIMER COURT

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

ORLANDO FL 32837

THE GRIFFITH FOUNDATION, INC.



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90030 043 ****61.25

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GRIFFITH, RICHARD S SR 14354 DULCIMER COURT

	ORLANDO FL 32837			
		City	FL	Zip Code
8.	The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.	red office or registered agent, or both, in the State of Florid	a. I am fa	miliar with, and accept

Country

Name

(NOTE: Registered Agent signature required when reinstating)

	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Cor	~ •	\$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 NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, RICHARD S SR 14354 DULCIMER COURT ORLANDO FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Griffith, ann W 14354 Dulcimer Court Orlando FL-32837	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFTIH, RICHARD S JR 14325 DULCIMER COURT ORLANDO FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8348 Tibe	# Change Addition # Butler De EFL 34876		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, ROBIN S 14336 DULCIMER COURT ORLANDO FL 32837	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFITH, ROBERT S 14327 DULCIMER COURT ORLANDO FL 32837	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	portify that the information available with this filling	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		

lied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 elements to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplem of the corporation or the receiver or changed, or on an attachment

SIGNATURE: