

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

DOCUMENT # N99000004232

1. Entity Name

GRIGSBY FAMILY FOUNDATION, INC.

Principal Place of Business

104 ELEANOR COURT
LAKE PLACID FL 33852

Mailing Address

104 ELEANOR COURT
LAKE PLACID FL 33852-9267

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3269808

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

GRIGSBY, RONALD P
104 ELEANOR COURT
LAKE PLACID FL 33852

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GRIGSBY, SAMULE F SR.
104 ELEANOR COURT
LAKE PLACID FL 33852

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GRIGSBY, RONALD P
2123 REANEY ROAD
LAKELAND FL 33803

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GRIGSBY, SAMUEL F JR.
1070 ST. IVES COURT
MORRISTOWN TN 37814

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GULLEY, MARTHA G
4512 OLD CARRIAGE TRAIL
OVIEDO FL 32765

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Ronald P. Grigsby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-00

Date

Daytime Phone #

CR2E037 (9/99)