

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004232

1. Entity Name

GRIGSBY FAMILY FOUNDATION, INC.

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90028 009 \*\*\*\*61.25

Principal Place of Business

104 ELEANOR COURT  
LAKE PLACID FL 33852

Mailing Address

104 ELEANOR COURT  
LAKE PLACID FL 33852

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.**

6. Name and Address of Current Registered Agent

GRIGSBY, RONALD P  
104 ELEANOR COURT  
LAKE PLACID FL 33852

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 12, 2001, 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 **GRIGSBY, SAMULE F SR.**  
STREET ADDRESS **104 ELEANOR COURT**  
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **D** ☐ Delete  
NAME **GRIGSBY, RONALD P**  
STREET ADDRESS **2123 REANEY ROAD**  
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☐ Delete  
NAME **GRIGSBY, SAMUEL F JR.**  
STREET ADDRESS **1070 ST. IVES COURT**  
CITY-ST-ZIP **MORRISTOWN TN 37814**

TITLE **D** ☐ Delete  
NAME **GULLEY, MARTHA G**  
STREET ADDRESS **4512 OLD CARRIAGE TRAIL**  
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **GRIGSBY, SAMUEL F SR**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 life empowered.

SIGNATURE: *Ronald P. Grigsby*

7/19/01

863.465.4455

CR2E037 (5/01)