

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90402 041 ***550.00

DOCUMENT # P01000075885

1. Entity Name

GRYPHON PROPERTIES OF NORTH FLORIDA INC.

Principal Place of Business

**13810 SUTTON PARK DR. N., UNIT 420
 JACKSONVILLE FL 32224**

Mailing Address

**13810 SUTTON PARK DR. N., UNIT 420
 JACKSONVILLE FL 32224**

2. Principal Place of Business

2060 College St
 Suite, Apt. #, etc.

3. Mailing Address

2060 College St.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Jacksonville FL	City & State Jacksonville FL	4. FEI Number 59-3734104	Applied For <input type="checkbox"/> Not Applicable
Zip 32204	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DUBERSON, GEORGE S 13810 SUTTON PARK DR. N., UNIT 420 JACKSONVILLE FL 32224		Name Street Address (P.O. Box Number is Not Accepted) 2060 College St. City Jacksonville FL Zip Code 32204	

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 **George Scott Duberson Vice President** **6/7/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILDEBRAND, BRIAN K 13810 SUTTON PARK DR. N., UNIT 420 JACKSONVILLE FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President 2060 College St. Jacksonville FL 32204 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBERSON, GEORGE S 13810 SUTTON PARK DR. N., UNIT 420 JACKSONVILLE FL 32224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President 2060 College St. Jacksonville FL 32204 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **George Scott Duberson** **6/7/02** **904-536-6620**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)