

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073406

1. Entity Name

GRIFFIN COMPANY IV

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90114 040 ***150.00

Principal Place of Business

Mailing Address

2 N TAMIAMI TR
STE 410
SARASOTA FL 34236
US

P.O. BOX 728
SARASOTA FL 34230-0728
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCURDY, JEFFREY
2 N TAMIAMI TR
STE 410
SARASOTA FL 34236

Name

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

1924 South Osprey Ave
Suite 200
Sarasota FL 34239

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME GRIFFIN, WILLIAM D
STREET ADDRESS 2 N TAMIAMI TR STE 410
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS 1924 S. Osprey Ave. Suite 200
CITY-ST-ZIP SARASOTA, FL 34239 ☒ Change ☐ Addition

TITLE VS
NAME MCCURDY, JEFFREY
STREET ADDRESS 2 N TAMIAMI TR STE 410
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS 1924 S. Osprey Ave. Suite 200
CITY-ST-ZIP SARASOTA, FL 34239 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

941-316-6802