

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-09-2000 90114 040 ***150.00

DOCUMENT # P95000073406

1. Entity Name

GRIFFIN COMPANY IV

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

1924 S. Osprey Ave
 Suite, Apt. #, etc.
 Suite 200

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sarasota

City & State

4. FEI Number

65-0674371

Applied For

Not Applicable

Zip

34239

Country

USA

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

City

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.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPT	GRIFFIN, WILLIAM D	2 N TAMIAMI TR STE 410	SARASOTA FL 34236	<input type="checkbox"/>
VS	MCCURDY, JEFFREY	2 N TAMIAMI TR STE 410	SARASOTA FL 34236	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1924 S. Osprey Ave. Suite 200	Sarasota, FL 34239	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1924 S. Osprey Ave. Suite 200	Sarasota, FL 34239	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

941-316-6800

CR2E034 (9/99)