

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90971 043 \*\*\*150.00

**DOCUMENT # P95000073406**

1. Entity Name  
**GRIFFIN COMPANY IV**

Principal Place of Business  
**1924 SOUTH OSPREY AVENUE**  
**SUITE 200**  
**SARASOTA FL 34239**  
**US**

Mailing Address  
**P.O. BOX 728**  
**SARASOTA FL 34230**  
**US**

**546256**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
**P.O. Box 1329**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Sarasota, FL**

4. FEI Number **65-0674371**

Applied For  
 Not Applicable

Zip

Country

Zip **34230** Country **USA**

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**  
**1924 SOUTH OSPREY AVENUE**  
**SUITE 200**  
**SARASOTA FL 34239**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<b>DPT</b> <b>GRIFFIN, WILLIAM D</b> <b>1924 SOUTH OSPREY AVENUE SUITE 200</b> <b>SARASOTA FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>MCCURDY, JEFFREY</b> <b>1924 SOUTH OSPREY AVENUE SUITE 200</b> <b>SARASOTA FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Jeffrey R. McCurdy** Date \_\_\_\_\_ Daytime Phone # **941-366-8800**

CR2E034 (10/00)