

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073406

1. Entity Name  
**GRIFFIN COMPANY IV**

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

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

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

**Sarasota, FL**

4. FEI Number **65-0674371**

Applied For  
Not Applicable

Zip

Country

**34230 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

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, 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  
**DPT  
GRIFFIN, WILLIAM D  
1924 SOUTH OSPREY AVENUE SUITE 200  
SARASOTA FL 34236** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
MCCURDY, JEFFREY  
1924 SOUTH OSPREY AVENUE SUITE 200  
SARASOTA FL 34236** ☐ Delete

TITLE  
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STREET ADDRESS  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)