

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90481 032 \*\*\*150.00

**DOCUMENT # P95000088335**

**1. Entity Name**  
**GRYPHUS MANAGEMENT, INC.**

**Principal Place of Business**

**P.O. BOX 1329**  
**SARASOTA FL 34230**  
**US**

**Mailing Address**

**P.O. BOX 1329**  
**SARASOTA FL 34230**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-0626388**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**MCCURDY, JEFFREY**  
**1924 S. OSPREY AVE**  
**SARASOTA FL 34239**

**7. Name and Address of New Registered Agent**

Name  
**W. Lee McGinness**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1900 Second Street**  
**Suite 971**  
 City **Sarasota** **FL** Zip Code **34236**

**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]*  
 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DPT** ☐ Delete  
**NAME** **GRIFFIN WILLIAM D.**  
**STREET ADDRESS** **1924 S. OSPREY AVE, SUITE 200**  
**CITY-ST-ZIP** **SARASOTA FL 34239**

**TITLE** **VS** ☐ Change ☒ Addition  
**NAME** **Randal D. Salser**  
**STREET ADDRESS** **1924 S. Osprey Ave. Suite 200**  
**CITY-ST-ZIP** **Sarasota, FL 34239**

**TITLE** **V** ☐ Delete  
**NAME** **GRIFFIN, CARLA T**  
**STREET ADDRESS** **1924 S. OSPREY AVE, SUITE 200**  
**CITY-ST-ZIP** **SARASOTA FL 34239**

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

**TITLE** **VS** ☒ Delete  
**NAME** **MCCURDY, JEFFREY**  
**STREET ADDRESS** **1924 S. OSPREY AVE., SUITE 200**  
**CITY-ST-ZIP** **SARASOTA FL 34239**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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]* **SIGNATURE REQUIRED** **Randy Salser**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02 (941) 316-6827**  
 Date Daytime Phone #

CR2E034 (9/01)