

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011307

1. Entity Name

GRYPHUS COLLECTIBLES, INC.

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

05-09-2000 90086 015 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 728  
 SARASOTA FL 34230

P.O. BOX 728  
 SARASOTA FL 34230-0728

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 65-0639036

Applied For

Not Applicable

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 NORTH TAMIAMI TRAIL  
 SUITE 410  
 SARASOTA FL 34236

Name

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

1924 South Osprey Avenue

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PTD  
 GRIFFIN, WILLIAM D.  
 2 NORTH TAMIAMI TRAIL, SUITE 410  
 SARASOTA FL 34236 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VS  
 MCCURDY, JEFFREY  
 2 NORTH TAMIAMI TRAIL, SUITE 410  
 SARASOTA FL 34236 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
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☐ Change ☐ Addition

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 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 #

941-316-6802