

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011307

1. Entity Name
GRYPHUS COLLECTIBLES, INC.

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90971 041 ***150.00

Principal Place of Business Mailing Address
P.O. BOX 728 P.O. BOX 728
SARASOTA FL 34230 SARASOTA FL 34230

2. Principal Place of Business 3. Mailing Address
P.O. Box 1329 P.O. Box 1329
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Sarasota, FL Sarasota, FL
Zip Country Zip Country
34230 USA 34230 USA



DO NOT WRITE IN THIS SPACE

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
1924 SOUTH OSPRY 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 PTD ☐ Delete
NAME GRIFFIN, WILLIAM D.
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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey R. McCurdy

Date

Daytime Phone #

941-366802

CR2E034 (10/00)