

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000109123

1. Entity Name

GRIFFIN HOLDING COMPANY I, INC.

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

05-09-2000 90118 024 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 728
 SARASOTA FL 34230
 US

1830 S. OSPREY AVENUE
 SUITE 100A
 SARASOTA FL 34239-3615

2. Principal Place of Business

3. Mailing Address
 P.O. Box 728

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Sarasota, FL

Zip

Country

Zip
 34230 Country
 USA

4. FEI Number

59-3484411

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 Ave.
 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
 DPT
 GRIFFIN, WILLIAM D.
 2 NORTH TAMIAMI TRAIL, STE 410
 SARASOTA FL 34236 ☐ Delete

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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☐ Delete

TITLE
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 STREET ADDRESS
 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-316-6802

CR2E034 (9/99)