FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 03, 2001 8:00 am Secretary of State DOCUMENT # P97000109123 GRIFFIN HOLDING COMPANY I, INC. 05-03-2001 90971 046 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 728 P O BOX 728 SARASOTA FL 34230 SARASOTA FL 34230 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3484411 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCURDY, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 1924 SOUTH OSPREY AVENUE, SUITE 200 SARASOTA FL 34239 Zip Code City Fl 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete Addition TITI F TIT! F GRIFFIN, WILLIAM D. NAME NAME STREET ADDRESS 1924 S OSPREY AVENUE, SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239 TITLE TITLE 🖊 Delete GRIFFIN, WILLIAM D. NAME NAME osprey Avenue, Suite 200 STREET ADDRESS STREET ADDRESS 1924 S OSPREY AVENUE, SUITE 200 CITY-ST-ZIP SARASOTA FL 34239 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.