

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003594.

1. Entity Name
GRIFFIN HOLDING COMPANY V, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90971 045 ***150.00

Principal Place of Business

Mailing Address

PO BOX 728
SARASOTA FL 34230
US

PO BOX 728
SARASOTA FL 34230
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1329

P.O. Box 1329

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34230

Country
USA

Zip
34230

Country
USA

4. FEI Number 65-0804718

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 OSPREY AVE
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
GRIFFIN, WILLIAM D
1924 S OSPREY AVE STE 200
SARASOTA FL 34237 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
MCCURDY, JEFFREY R
1924 S OSPREY AVE STE 200
SARASOTA FL 34239 ☐ Delete

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)