

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90007 029 ***150.00

DOCUMENT # P98000056223

1. Entity Name

RON'S ANTIQUE PLACE INC.

Principal Place of Business

5000 W HWY 98
 PANAMA CITY FL 32401

Mailing Address

5000 W HWY 98
 PANAMA CITY FL 32401
 US

2. Principal Place of Business

1938 N.E. WALDO ROAD

Suite, Apt. #, etc.

3. Mailing Address

1938 N.E. WALDO ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GAINESVILLE FL.

City & State

GAINESVILLE, FL.

4. FEI Number

59-3523038

Applied For

Not Applicable

Zip

32609-3964

Country

US

Zip

32609-3964

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GRIFFIS, RONALD W
2810 WOODMERE DR.
PANAMA CITY FL 32405-4384

7. Name and Address of New Registered Agent

Name **GRIFFIS, RONALD W.**

Street Address (P.O. Box Number is Not Acceptable)
3200 N.W. 27th STREET

City **GAINESVILLE**

FL

Zip Code

32605-2210

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 **RONALD W. GRIFFIS** **RW Griffis** **1-8-2001**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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

TITLE **PO** ☐ Delete
 NAME **GRIFFIS, RONALD W**
 STREET ADDRESS **2810 WOODMERE DR**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **SB** ☒ Delete
 NAME **RIGGS, MARY G**
 STREET ADDRESS **2810 WOODMERE DR**
 CITY-ST-ZIP **PANAMA CITY FL 32405** **DECEASED**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT - OWNER** ☒ Change ☐ Addition
 NAME **GRIFFIS, RONALD W.**
 STREET ADDRESS **3200 N.W. 27th ST.**
 CITY-ST-ZIP **GAINESVILLE, FL. 32605-2210**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 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: **RW Griffis** **RONALD W. GRIFFIS** **1-8-2001** **352-** **384-0099**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #
PRESIDENT - OWNER

000462

CR2E034 (10/00)