

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91154 009 \*\*\*150.00

DOCUMENT # **P98000067908**

1. Entity Name

Griffin-Orange North, Inc.

Principal Place of Business

1000 North Hiatus Road  
 Pembroke Pines, FL 33026

Mailing Address

1000 North Hiatus Road  
 Pembroke Pines, FL 33026

2. Principal Place of Business

3. Mailing Address

5100 Town Center Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 330

City & State

City & State

Boca Raton, FL

Zip

Country

Zip

Country

33486

USA

4. FEI Number

65-0855356

Applied F

Not Appli

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

768892

6. Name and Address of Current Registered Agent

E.H.G Resident Agents, Inc.  
 5100 Town Center Circle  
 Suite 330  
 Boca Raton, FL 33486

7. Name and Address of New Registered Agent

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**  
**AS OF 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  
 Added to Fee

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	Berger, Adolph J	
STREET ADDRESS	1000 Hiatus Rd, Ste 100	
CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE	V	<input type="checkbox"/> Delete
NAME	Zimmerman, Howard J	
STREET ADDRESS	9000 Sheridan St	
CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Adolph Berger* Adolph Berger, President

4/25/01

954-431-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #