

# 2003 - FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90984 001 \*\*\*150.00

**DOCUMENT # P98000067908**

1. Entity Name  
**GRIFFIN-ORANGE NORTH, INC.**



Principal Place of Business  
**1000 NORTH HIATUS ROAD  
#100  
PEMBROKE PINES FL 33026**

Mailing Address  
**1000 NORTH HIATUS ROAD  
#100  
PEMBROKE PINES FL 33026**

11022243



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0855356**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**E.H.G. RESIDENT AGENTS, INC.  
5100 TOWN CENTER CIRCLE SUITE 430  
BOCA RATON FL 33486**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **MILLER, LEONARD**  
STREET ADDRESS **1000 HIATUS RD, STE 100**  
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **D, VP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **MILLER, ROBERT B**  
STREET ADDRESS **1000 NORTH HIATUS ROAD, STE 100**  
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☐ Delete  
NAME **MILLER, CORRINNE**  
STREET ADDRESS **1000 NORTH HIATUS ROAD, STE 100**  
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **VP, S** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P, D** ☐ Change ☒ Addition  
NAME **ANDOLPH BERGER**  
STREET ADDRESS **1000 NORTH HIATUS ROAD, STE 100**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D, VP** ☐ Change ☒ Addition  
NAME **HELPER BERGER**  
STREET ADDRESS **1000 NORTH HIATUS ROAD, STE 100**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP, T** ☐ Change ☒ Addition  
NAME **LAURENCE J. GTH**  
STREET ADDRESS **1000 NORTH HIATUS ROAD, STE 100**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: (X) SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)