

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103151

1. Entity Name

GRYPHON SPECIALTY SERVICES, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90020 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
750 S. NORTH LAKE BLVD., STE. 1020 750 S. NORTH LAKE BLVD., STE. 1020  
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701-6745

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3549655

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

EASTON, ROBERT W  
320 GREEN ASH LN  
SANFORD FL 32771

Name ROBERT W. EASTON

Street Address (P.O. Box Number is Not Acceptable)

1461 FARRINGTON CIR.

City HEATHROW

FL

Zip Code 32746

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 ROBERT W. EASTON

(NOTE: Registered Agent Signature required when reinstating)

4/18/00  
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, 2000 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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D	EASTON, ROBERT W	750 S. NORTH LAKE BLVD., STE. 1020 ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D	EASTON, URSULA	750 S. NORTH LAKE BLVD., STE. 1020 ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

S. W. EASTON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/18/00 (407) 331-3589  
Daytime Phone #

CR2E034 (9/99)