2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018819

Entity Name

VICKY J GRIFFIN, DO, PA

FILED

00 MAY -2 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/03/00 901611015 -- $15.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
BOX 935 BREEZE FL 32562	PO BOX 935 GULF BREEZE FL 32562-0935

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / County	Zip / Country

4. FEI Number 59-3564929 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, VICKY DO
301 WEST CERVANTES
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)
3261 GULF BREEZE PARKWAY

City GULF BREEZE FL Zip Code 32561

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 Vicky J Griffin President 3/20/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Vicky J Griffin President

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 — President

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	GRIFFIN, VICKY ☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 — PRESIDENT

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
	GRIFFIN, VICKY J. P.O. BOX 935 GULF BREEZE, FL 32562	☐ Change ☒ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition
		☐ Change ☐ Addition

CR2E034 (9/99)

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: Vicky J Griffin 2/10/2000 (850) 916-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Vicky J Griffin