

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069440

1. Entity Name

GRIFFIN & HEAD HARVESTING, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90299 001 \*\*\*150.00

Principal Place of Business

Mailing Address

118 WESTORANGE STREET  
 ALTAMONTE SPRINGS FL 32714

118 WESTORANGE STREET  
 ALTAMONTE SPRINGS FL 32714-2537

2. Principal Place of Business

3. Mailing Address

201 West 12<sup>th</sup> Str.  
 Suite, Apt. #, etc.

201 West 12<sup>th</sup> Street  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Apopka FL

City & State

Apopka FL

4. FEI Number

59-3590845

Applied For

Not Applicable

Zip

Country

32703 USA

Zip

Country

32703 USA

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

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

Name

Robert L. Griffin

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

201 West 12<sup>th</sup> Street

City

Apopka

FL

Zip Code

32703

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 Lee Griffin*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/24/00  
 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          | PTD                        | <input type="checkbox"/> Delete |
| NAME           | GRIFFIN, ROBERT L          |                                 |
| STREET ADDRESS | 118 WESTORANGE STREET      |                                 |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL 32714 |                                 |
| TITLE          | SVD                        | <input type="checkbox"/> Delete |
| NAME           | HEAD, MARGARET A           |                                 |
| STREET ADDRESS | 118 WESTORANGE STREET      |                                 |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL 32714 |                                 |
| 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    |                            |                                 |

|                |  |
|----------------|--|
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | 201 west 12 <sup>th</sup> Street   |
| CITY-ST-ZIP    | Apopka FL 32703  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | 201 west 12 <sup>th</sup> Street   |
| CITY-ST-ZIP    | Apopka FL 32703  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*Robert Lee Griffin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00  
 Date

Daytime Phone #

CR2E034 (9/99)