

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90876 042 ***150.00

DOCUMENT # P99000085530

1. Entity Name

RICHARD A. GRIFFIN, O.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2201 NORTH YOUNG BOULEVARD

3. Mailing Address
12216 NORTHWEST 56th AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CHIEFLAND, FLORIDA

City & State
GAINESVILLE, FLORIDA

4. FEI Number
59-1924531

Applied For
Not Applicable

Zip
32626

Country
U.S.A.

Zip
32653

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GRIFFIN, RICHARD A.

Street Address (P.O. Box Number is Not Acceptable)
12216 NORTHWEST 56th AVENUE

City
GAINESVILLE

FL Zip Code
32653

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT / DIRECTOR
GRIFFIN, RICHARD A.
12216 NORTHWEST 56th AVENUE
GAINESVILLE, FLORIDA 32653**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SECRETARY
DONALD G. POWELL
1863 STATE ROAD 20
HAWTHORNE, FLORIDA 32640**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

RICHARD A. GRIFFIN

04-29-2002 352-332-2458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #