

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jun 16, 2000 8:00 am
Secretary of State

05-15-2000 90240 021 ***150.00

DOCUMENT # P99000090847

1. Entity Name

GRIFFIN ACQUISITION CORP.

R

Principal Place of Business

Mailing Address

2 NORTH TAMiami TRAIL, SUITE 410
SARASOTA FL 34236

PO BOX 728
SARASOTA FL 34230-0728

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1013838

Applied For

Not Applicable

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

MCCURDY, JEFFREY R
2 NORTH TAMiami TRAIL, SUITE 410
SARASOTA FL 34236

Name

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

City

FL

Zip

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)

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 - D
NAME - GRIFFIN, WILLIAM D
STREET ADDRESS - PO BOX 728
CITY - ST - ZIP - SARASOTA FL 34230 ☐ Delete

TITLE - DPST
NAME - William D Griffin
STREET ADDRESS - 1924 S. Osprey Ave. Suite 200
CITY - ST - ZIP - SARASOTA, FL 34239 ☒ Change ☐ Addition

TITLE -
NAME -
STREET ADDRESS -
CITY - ST - ZIP - ☐ Delete

TITLE -
NAME -
STREET ADDRESS -
CITY - ST - ZIP - ☐ Change ☐ Addition

TITLE -
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STREET ADDRESS -
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 of the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #