

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
 05-03-2001 90971 040 \*\*\*150.00

**DOCUMENT # S81159**

1. Entity Name  
**GRIFFIN COMPANY I**

Principal Place of Business

**PO BOX 728  
 SARASOTA FL 34230  
 US**

Mailing Address

**P. O. BOX 728  
 SARASOTA FL 34230  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

**P.O. Box 1329  
 Sarasota, FL  
 34230 USA**

3. Mailing Address

Suite, Apt. #, etc.

**P.O. Box 1329  
 Sarasota, FL  
 34230 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0487058**

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  
 1924 SOUTH OSPREY AVENUE  
 STE. 200  
 SARASOTA FL 34239**

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

City **FL** Zip Code

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 \_\_\_\_\_ (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, 2001 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 ☐ Delete  
 NAME **PTD**  
 STREET ADDRESS **GRIFFIN, WILLIAM D**  
 CITY-ST-ZIP **1924 SOUTH OSPREY AVENUE, STE. 200**  
**SARASOTA FL 34239**

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

TITLE ☐ Delete  
 NAME **VS**  
 STREET ADDRESS **MCCURDY, JEFFREY**  
 CITY-ST-ZIP **1924 SOUTH OSPREY AVE, STE 200**  
**SARASOTA FL 34239**

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

TITLE ☐ Delete  
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 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: **Jeffrey R. McCurdy**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**941-36-6802**

CR2E034 (10/00)