

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90003 014 \*\*\*\*61.25

**DOCUMENT # 762059**  
 1. Entity Name  
**GREENTREE SERVICES, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>P.O. BOX 4241<br>BOYNTON BCH FL 33424-4241 | Mailing Address<br>P.O. BOX 4241<br>BOYNTON BCH FL 33424-4241 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2163142</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |  |  |
|--|--|--|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Name and Address of Current Registered Agent<br><b>FALLARINO, JULIA</b><br><b>4747-A STORKWOOD WAY</b><br><b>BOYNTON BCH FL 33436</b> | 7. Name and Address of New Registered Agent<br>Name <b>JULIA FALLARINO TREAS.</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>4747-A STORKWOOD WAY</b><br><b>BOYNTON FL</b><br>City <b>FL</b> Zip Code <b>33436</b> |
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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 *Julia Gallarino, Treas* DATE **4/18/00**

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

|   |   |  |
|---|---|--|
| <b>FILE NOW:</b><br><b>FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ZACKS, ARCHIE</b><br><b>10190-A EAGLEWOOD ROAD</b><br><b>BOYNTON BEACH FL</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>COTE, RAYMOND</b><br><b>4880-A EQUESTRIAN CIRCLE</b><br><b>BOYNTON BEACH FL</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ROGERS, ROBERT</b><br><b>4854-B DOVEWOOD CIRCLE</b><br><b>BOYNTON BEACH FL</b> <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>GLOSEFFI, ANDREW</b><br><b>4660 B FINCHWOOD TERRACE</b><br><b>BOYNTON BEACH FL</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>MASIAK, DANIEL</b><br><b>4831B DOVEWOOD CIR.</b><br><b>BOYNTON BCH FL</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>ORSTE, GOLIA</b><br><b>4767 GREENTREE WAY</b><br><b>BOYNTON BCH FL 33436</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Julia Gallarino, Treas* DATE **4/18/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)