

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90011 008 \*\*\*150.00

**DOCUMENT # P97000001185**

1. Entity Name  
**NANCY GREENE INC.**

|  |   |
|--|---|
| Principal Place of Business<br>2180 N.W. 65 STREET<br>OCALA FL 34475 | Mailing Address<br>2180 N.W. 65 STREET<br>OCALA FL 34475-2440 |
|--|---|



DO NOT WRITE IN THIS SPACE

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

|   |   |  |
|---|---|--|
| 4. FEI Number<br><b>59-3442824</b>                        | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>   |  |

6. Name and Address of Current Registered Agent

**GREENE, DONALD R SR**  
**21635 S.W. 10 STREET**  
**DUNNELLON FL 34431**

7. Name and Address of New Registered Agent

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)  
 Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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                |                                 |
|---|---------------------------------|
| TITLE<br>D                                | <input type="checkbox"/> Delete |
| NAME<br><b>GREENE, NANCY</b>              |                                 |
| STREET ADDRESS<br><b>2180 NW 65 ST</b>    |                                 |
| CITY-ST-ZIP<br><b>OCALA FL 34475</b>      |                                 |
| TITLE<br>VP                               | <input type="checkbox"/> Delete |
| NAME<br><b>STANBRIDGE, JUDY</b>           |                                 |
| STREET ADDRESS<br><b>2175 N.W. 64 ST.</b> |                                 |
| CITY-ST-ZIP<br><b>OCALA FL 34475</b>      |                                 |
| TITLE<br>D                                | <input type="checkbox"/> Delete |
| NAME<br><b>COMAS, DANIELLE</b>            |                                 |
| STREET ADDRESS<br><b>21635 SW 10TH ST</b> |                                 |
| CITY-ST-ZIP<br><b>DUNNELLON FL 34431</b>  |                                 |
| TITLE                                     | <input type="checkbox"/> Delete |
| NAME                                      |                                 |
| STREET ADDRESS                            |                                 |
| CITY-ST-ZIP                               |                                 |
| TITLE                                     | <input type="checkbox"/> Delete |
| NAME                                      |                                 |
| STREET ADDRESS                            |                                 |
| CITY-ST-ZIP                               |                                 |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br><b>GREENE, Nancy (President)</b>             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |
| STREET ADDRESS<br><b>2180 H.W. 65 ST</b>              |  |
| CITY-ST-ZIP<br><b>OCALA, FLA 34475</b>                |  |
| 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: Nancy Greene - President 4-5-00 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)