

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004578

1. Entity Name

GREEN HILLS COMMUNITY CENTER, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90397 034 ****61.25

Principal Place of Business

Mailing Address

17913 PARK PL.
FOUNTAIN FL 32438

P.O. BOX 284
FOUNTAIN FL 32438-0284

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

59-1617740

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

GROVER, BARBARA J
12341 OWENWOOD RD.
FOUNTAIN FL 32438

Name

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

12639 Davies Rd

City

Fountain

FL

Zip Code
32438

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 Joyce L. Powell (Sec)

Signature, typed or printed name of registered agent and title if applicable.

Joyce L. Powell

(NOTE: Registered Agent signature required when reinstating)

4/21/2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	KOERNER, GARY	
STREET ADDRESS	17445 KOERNER RD.	
CITY-ST-ZIP	YOUNGSTOWN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STRICKLAND, ALINE	
STREET ADDRESS	18527 HIGHWAY 231	
CITY-ST-ZIP	FOUNTAIN FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GROVER, BARBARA J	
STREET ADDRESS	P.O. BOX 111	
CITY-ST-ZIP	FOUNTAIN FL 32438	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GROVER, ELTON	
STREET ADDRESS	OWEN WOOD	
CITY-ST-ZIP	FOUNTAIN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREEN, ROBERT	
STREET ADDRESS	12612 DAVIS ST.	
CITY-ST-ZIP	FOUNTAIN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WYNN, PAUL	
STREET ADDRESS	20010 WARNOCK RD.	
CITY-ST-ZIP	FOUNTAIN FL	

TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce L. Powell	
STREET ADDRESS	12639 Davies Rd	
CITY-ST-ZIP	Fountain FL 32438	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bea Dagna	
STREET ADDRESS	13824 Skyline Dr.	
CITY-ST-ZIP	Fountain FL 32438	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carl Thoma	
STREET ADDRESS	17334 La Fontaine Dr.	
CITY-ST-ZIP	Fountain FL 32438	
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		

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:

GARY KOERNER (GARY KOERNER)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

950 722 9303

Daytime Phone #

CR2E037 (9/99)