

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

0050044

DOCUMENT # 710668

1. Entity Name

GREENBRIER ASSOCIATION, INC.,

Principal Place of Business

**50 CELESTIAL WAY
 JUNO BEACH FL 33408**

Mailing Address

**50 CELESTIAL WAY
 JUNO BEACH FL 33408**

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

59-1160446

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

~~CASSANO, GINO~~ **DONALD HESTER**
**50 CELESTIAL WAY
 JUNO BEACH FL 33408**

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

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

(NOTE: Registered Agent signature required when reinstating)

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	CHENETTE, HENRY	
STREET ADDRESS	50 CELESTIAL WAY	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEBSTER, BARRY	
STREET ADDRESS	50 CELESTIAL WAY	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOX, JOHN	
STREET ADDRESS	50 CELESTIAL WAY	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEAHY, MARY ELLEN	
STREET ADDRESS	50 CELESTIAL WAY	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALCZAK, SANDY	
STREET ADDRESS	50 CELESTIAL WAY	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELTZ, Marie <i>Marie</i>	
STREET ADDRESS	50 CELESTIAL WAY	
CITY-ST-ZIP	JUNO BEACH FL 33408	

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
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STREET ADDRESS	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)