

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2002 8:00 am  
Secretary of State

04-24-2002 90404 023 \*\*\*\*61.25

DOCUMENT # N01000004297

1. Entity Name

GREEN CROSS FOUNDATION, INC.

Principal Place of Business

1215 ALLIGATOR DR.  
PANACEA FL 32346

Mailing Address

4244 W. TENNESSEE ST., #386  
TALLAHASSEE FL 32304-1033

2. Principal Place of Business

1564 Keily Run

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

4. FEI Number

45-3457577

Applied For

Not Applicable

Zip

32301

Country

USA

Zip

Country

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

~~REGAN, KATHLEEN R~~  
1564 KEILY RUN  
TALLAHASSEE FL 32301

Kathleen Regan Figley

Name

Kathleen Regan Figley

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

Same

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

Kathleen Regan Figley

4-5-02

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 DP ☐ Delete  
NAME FIGLEY, CHARLES R  
STREET ADDRESS 1303 BROOME ST.  
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE DV ☐ Delete  
NAME ~~REGAN, KATHLEEN R~~  
STREET ADDRESS 1564 KEILY RUN  
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition  
NAME Kathleen Regan Figley  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DST ☒ Delete  
NAME FIGLEY, GENEVA B  
STREET ADDRESS 1065 BAY HARBOUR CIR.  
CITY-ST-ZIP DAYTON OH 45458

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

TITLE Emily Moore, Esq. (Add)  
NAME Director/2829 Woodloch Dr.  
STREET ADDRESS Tallahassee Fl. 32301  
CITY-ST-ZIP

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

TITLE Floyd (Shad) Meshak (Add)  
NAME Director/8919 Fleetwing  
STREET ADDRESS Los Angeles, CA 90045  
CITY-ST-ZIP

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

TITLE David Crisp (Add)  
NAME Director/Sec/Treasurer  
STREET ADDRESS 4456 Argyle Lane  
CITY-ST-ZIP Tallahassee Fl. 32308

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

12. I hereby certify that the information contained in this report does not contain 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 information.

SIGNATURE:

Kathleen Regan Figley Exec V.P. 1-27-02 656-7158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)