


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-03-2003 90134 016 ***150.00

DOCUMENT # P01000042690	
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1. Entity Name
GREEN TURTLE CAY GREYHOUNDS, INC.

Principal Place of Business
17108 TIFFANY LAKE PL.
LUTZ FL 33549

Mailing Address
17108 TIFFANY LAKE PL.
LUTZ FL 33549



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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1102751		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WENZEL, STEVEN 633 N. FRANKLIN ST., STE. 500 TAMPA FL 33602		Name Francesca K. Field Street Address (P.O. Box Number is Not Acceptable) 11623 Innfields Dr. City Odessa FL 33556	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Francesca K Field**

4-1-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President, Treasurer <input checked="" type="checkbox"/> Delete NAME FIELD, FRANCESCA K STREET ADDRESS 17108 TIFFANY LAKE PL CITY-ST-ZIP LUTZ FL 33549	TITLE President-Tres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Francesca K Field STREET ADDRESS 11623 Innfields Dr. CITY-ST-ZIP Odessa, FL 33556	TITLE Sec. <input checked="" type="checkbox"/> Delete NAME Moore, Donna M STREET ADDRESS 11623 Innfields Dr. CITY-ST-ZIP Odessa, FL 33556	TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Donna M. Moore STREET ADDRESS 11623 Innfields Dr. CITY-ST-ZIP Odessa, FL 33556
TITLE Secretary <input type="checkbox"/> Delete NAME Moore, Donna M STREET ADDRESS 17108 Tiffany Lake Pl CITY-ST-ZIP Lutz, FL 33549	TITLE Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Donna M. Moore STREET ADDRESS 11623 Innfields Dr. CITY-ST-ZIP Odessa, FL 33556	TITLE Secretary <input type="checkbox"/> Delete NAME Moore, Donna M STREET ADDRESS 17108 Tiffany Lake Pl CITY-ST-ZIP Lutz, FL 33549	TITLE Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Donna M. Moore STREET ADDRESS 11623 Innfields Dr. CITY-ST-ZIP Odessa, FL 33556
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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 607, 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: **Francesca K Field**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-03
Date

Daytime Phone #

CR2E034 (10/02)