

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 232151

1. Entity Name

GREENBRIAR MANORS, INC.

FILED

May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90077 035 \*\*\*150.00

Principal Place of Business

Mailing Address

~~NE 75TH STREET~~  
BOCA RATON FL 33487-1731

~~815 NE 75TH STREET~~  
BOCA RATON FL 33487-1746

*see below*

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

59-0896864

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

COLIN, GABRIELE

815 NE 75TH STREET  
BOCA RATON FL 33487

Name

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

21396 SHANNON RIDGE WAY

MYSTIC BAY - BOCA FALLS

BOCA RATON

FL

Zip Code

33428

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PST  
STREET ADDRESS COLIN, GABRIELE K  
CITY-ST-ZIP 815 NE 75 ST  
BOCA RATON FL 33424

TITLE ☒ Change ☐ Addition  
NAME 21396 SHANNON RIDGE WAY  
STREET ADDRESS MYSTIC BAY - BOCA FALLS  
CITY-ST-ZIP BOCA RATON, FLA. 33428

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/21/2000* *558-8375*

CR2E034 (9/99)