

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **282691****Amended**

082800

FILED

00 SEP -8 AM 9:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name

GREENE HORNE CORPORATION

Principal Place of Business

3215 Lupine Way
Lake Wales, FL 33853

Mailing Address

Same

2. Principal Place of Business

3215 Lupine Way, Lake

3. Mailing Address

Wales, FL 33853

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Wales, FL 33853

City & State

4. FEI Number

59-1107303

Applied for

Not Applicable

5. Certificate of Status Desired

XX

Additional
Fee Required

6. Name and Address of Current Registered Agent

Annie L. Horne
4244 Jacaranda Dr.
Lake Wales, FL 33853

7. Name and Address of New Registered Agent

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

Annie L. Horne

Signature, typed or printed name of registered agent and date of registration

(NOTE: Registered Agent signature required when re-registering)

Sept. 1, 2000

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

TITLE President

NAME
Kermit R. Horne
STREET ADDRESS
3215 Lupine Way
CITY-ST-ZIP
Lake Wales, FL 33853☐ Delete

TITLE V.P.

NAME
Eric Jessop
STREET ADDRESS
3215 Lupine Way
CITY-ST-ZIP
Lake Wales, FL 33853☐ Delete

TITLE Sec

NAME
Annie L. Horne
STREET ADDRESS
4244 Jacaranda Dr.
CITY-ST-ZIP
Lake Wales, FL 33853☐ Delete

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

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

TITLE

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

TITLE

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Annie L. Horne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary August 24, 2000 863 439 1537

Date

Filing Fee

CR2E034 (9/93)

KE