2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 294159** Jan 28, 2000 8:00 am **Secretary of State** THE GREATER CONSTRUCTION CORP. 01-28-2000 90099 022 ***150.00 Principal Place of Business Mailing Address 1105 KENSINGTON PK DR 1105 KENSINGTON PK DR ALTAMONTE SPGS FL 32714 ALTAMONTE SPGS FL 32714-1939 PUBLIOUMO 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1107583 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANDELL, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 1105 KENSINGTON PARK DR **ALTAMONTE SPRINGS FL 32714** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CE ☐ Delete TITLE TITLE MANDELL, LESTER N NAME NAME 1105 KENSINGTON PARK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ Addition CCEO ☐ Change ☐ Delete TITLE NAME MANDELL, ROBERT A. NAME STREET ADDRESS 1105 KENSINGTON PARK DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL ---☐ Delete TITLE ☐ Change Addition TITLE NAME SNYDER, SIMON NAME 1105 KENSINGTON PARK DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP ALTAMONTE SPRINGS FL CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete NAME **GREGG, CHARLES W** NAME 1105 KENSINGTON PK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONT SPRINGS FL ☐ Change Addition Delete TITLE TITLE **CONLEY, HAMPTON W** NAME STREET ADDRESS STREET ADDRESS 1105 KENSINGTON PK DR CITY-ST-ZIP CITY-ST-ZIP ALTAMONT SPTINGS FL Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 13. I hereby certify that the information supplied with this fling 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 acceptate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director

SIGNATURE:

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changed, or on an attachme

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required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if