

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**  
 05-14-2001 90233 046 \*\*\*150.00

0197911

**DOCUMENT # 300522**

1. Entity Name  
**GREYNOLDS PARK MANOR, INC.**

Principal Place of Business  
**17400 WEST DIXIE HWY  
 N MIAMI BEACH FL 33160**

Mailing Address  
**17400 WEST DIXIE HWY  
 N MIAMI BEACH FL 33160**

**D0051255**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1213263**

Applied For  
 Not Applicable

Zip

Country

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

**LEADER, GEORGE N  
 17400 W DIXIE HWY  
 N MIAMI BCH. FL 33160**

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

Signature, typed or printed name of registered agent and fee 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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	LEADER, GEORGE N	
STREET ADDRESS	17400 W. DIXIE HWY.	
CITY - ST - ZIP	N MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEADER, DIANA	
STREET ADDRESS	17400 W. DIXIE HWY.	
CITY - ST - ZIP	N MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASPER, MARTIN E	
STREET ADDRESS	17400 W DIXIE HWY	
CITY - ST - ZIP	N MIAMI BCH, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEADER, MICHAEL	
STREET ADDRESS	17400 WEST DIXIE HIGHWAY	
CITY - ST - ZIP	N. MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEADER, ROBIN	
STREET ADDRESS	17400 W. DIXIE HWY	
CITY - ST - ZIP	N MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY - ST - ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 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 #

CR2E034 (10/00)