

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90054 015 ***150.00

DOCUMENT # 692037

1. Entity Name

GREIDER REALTY COMPANY

Principal Place of Business

Mailing Address

~~2381 OLEANDER~~
 PO BOX 10
 ST. JAMES CITY FL 33956

~~2381 OLEANDER~~
 PO BOX 10
 ST. JAMES CITY FL 33956-0010

C0017986

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2106141

Applied F.

Not Appl.

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

MYERS, JERRY E

~~2381 OLEANDER ST~~

~~ST. JAMES CITY FL 33956~~

Name

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

City

FL

Zip Code

33922

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 Added to F.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PV
MYERS, JERRY E.
4721 GALT ISLAND AVE
ST. JAMES CITY FL 33956

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MYERS, JERRY E
5572 AVE C
B. K. COLEMAN FL 33922

☒ Change ☐

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☐ Change ☐

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 12, 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

Daytime Phone #