

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2000 08:00 AM
Secretary of State

DOCUMENT # **A16443**

1. Entity Name
GREENTREE INVESTORS, LTD.

Principal Place of Business	Mailing Address
400 E. SOUTH ST. SUITE 500 ORLANDO 32801 FL	400 E. SOUTH ST. SUITE 500 ORLANDO 32801 FL

2. Principal Place of Business	3. Mailing Address
450 S. ORANGE AVENUE Suite, Apt. #, etc.	450 S. ORANGE AVENUE Suite, Apt. #, etc.

City & State	City & State
ORLANDO FL	ORLANDO FL
Zip 32801	Country

4. FEI Number	Applied For
59-2340896	Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOURNE ROBERT A 400 E. SOUTH ST. SUITE 500 ORLANDO 32801 US	Name BOURNE ROBERT A Street Address (P.O. Box Number is Not Acceptable) 450 S. ORANGE AVENUE City ORLANDO FL Zip Code 32801

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 _____ DATE **02/01/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.
600,000.00	600,000.00	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP BISHOP JOHN 19 LORETTA AVE. ANNAPOLIS MD	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP BOURNE ROBERT A 400 E. SOUTH ST. #500 ORLANDO FL	STREET ADDRESS CITY-ST-ZIP 450 S. ORANGE AVENUE ORLANDO FL 32801
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP MANIS GEORGE 145 MAIN/GORMAN STREETS ANAPOLIS MD	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: ROBERT A. BOURNE

02/01/2000