

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000358**

1. Entity Name

**GREEN RELEAF CONSUMER PRODUCTS, LTD.**

FILED

00 MAR 13 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1301 RIVERPLACE BLVD.  
STE. 1904  
JACKSONVILLE FL 32207**

Mailing Address  
**1301 RIVERPLACE BLVD.  
STE. 1904  
JACKSONVILLE FL 32207-9021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3351650** 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

**CHAPPELL, EDWARD T  
1301 RIVERPLACE BLVD.  
STE. 1904  
JACKSONVILLE FL 32207**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$150,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	P95000077650	STREET ADDRESS	
NAME	GREEN RELEAF CONSUMER PRODUCTS, INC.	CITY - ST - ZIP	
STREET ADDRESS	1301 RIVERPLACCE BLVD., STE. 1904		
CITY - ST - ZIP	JACKSONVILLE FL 32207		
DOCUMENT #		STREET ADDRESS	300003184263--3
NAME		CITY - ST - ZIP	-03/27/00--01005--026
STREET ADDRESS			****526.25 ****526.25
CITY - ST - ZIP			
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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: *W. NATURE* **REQUIRED** President 3/9/00 904/398-5400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)