

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F25177

1. Entity Name

KELLY GREENE, INC. OF PALM BEACH COUNTY

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90014 007 ***150.00

0304214

Principal Place of Business
7050 W. PALMETTO PARK RD.
BOCA RATON FL 33433

Mailing Address
7050 W. PALMETTO PARK RD.
BOCA RATON FL 33433

00017184

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2097087

Applied For

Not Applicable

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

GREENE, ALAN L
12613 TORBAY DR
BOCA RATON FL 33428

Name Jay Greene

Street Address (P.O. Box Number is Not Acceptable)
7050 W. Palmetto Park Rd.

City Boca Raton

FL

Zip Code 33433

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]

2-10-01

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, 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 P
NAME GREENE, ALAN L ☒ Delete
STREET ADDRESS 12613 TORBAY DR
CITY-ST-ZIP BOCA RATON FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME GREENE, JAY ☐ Delete
STREET ADDRESS 12613 TORBAY DR
CITY-ST-ZIP BOCA RATON FL 33428

TITLE PVST
NAME Jay Greene ☒ Change ☐ Addition
STREET ADDRESS 7050 W. Palmetto Park Rd.
CITY-ST-ZIP Boca Raton, FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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]

JAY GREENE 2-10-01 561 338 388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)