

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90081 050 ***150.00

0631000 AV

DOCUMENT # F94000001061

1. Entity Name

JOHN GREENE CORPORATION

Principal Place of Business

**3516 NORVELL BRYANT HWY.
HERNANDO FL 32642**

Mailing Address

**P.O. BOX 1420
HERNANDO FL 34442**

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

36-2799479

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

**XL CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN RD
ORLANDO FL 32802**

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 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, 2002 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	<input type="checkbox"/> Delete
NAME	LANZARONE, ROBERT	
STREET ADDRESS	3516 NORVELL BRYANT HWY.	
CITY-ST-ZIP	HERNANDO FL 32642	
TITLE	V	<input type="checkbox"/> Delete
NAME	LANZARONE, EDWARD J	
STREET ADDRESS	3516 NORVELL BRYANT HWY.	
CITY-ST-ZIP	HERNANDO FL 32642	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANZARONE, MARIA	
STREET ADDRESS	3516 NORVELL BRYANT HWY.	
CITY-ST-ZIP	HERNANDO FL 32642	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRUZ, SUSAN J L	
STREET ADDRESS	3516 NORVELL BRYANT HWY.	
CITY-ST-ZIP	HERNANDO FL 32642	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/02

**352
726-3240**

CR2E034 (9/01)