FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90082 034 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005407

1. Entity Name
GREENTREE APARTMENTS COMPANY
CASA VERDE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3675 Pecos-McLeod	3675 Pecos-McLeod
Suite, Apt. #, etc. Suite 1400	Suite, Apt. #, etc. Suite 1400
City & State Las Vegas Nevada	City & State Las Vegas Nevada
Zip 89121-3881 Country US	Zip 89121-3881 Country U.S

DO NOT WRITE IN THIS SPACE

4. FEI Number 860870050 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MARC DEMERS

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

18801 MACK DAIRY ROAD

City Jupiter FL Zip Code 33478

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: If registered Agent signature required, must be notarized)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ✓

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P/D	MARC DEMERS 18801 MACK DAIRY ROAD Jupiter FL 33478
S/T/D	JULIE DEMERS 18801 MACK DAIRY ROAD Jupiter FL 33478
VP/D	TIM LUDI 18801 MACK DAIRY ROAD Jupiter FL 33478

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-15-02 561-745-9093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #