

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000001076**

1. Entity Name

GREENFIELD BUILDERS, INC. OF INDIANA**FILED**
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90223 007 ***150.00

Principal Place of Business

Mailing Address

215 W. NEW ROAD, STE 200
GREENFIELD IN 46140215 W. NEW ROAD, STE 200
GREENFIELD IN 46140-3027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing ☐ **\$5.00** may
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**O**
GREENWALT, R M
5431 SUGAR HILLS DRIVE
GREENFIELD IN 46140☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**V**
GREENWALT, R L
2424 E. 600 N.
GREENFIELD IN☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**S**
GREENWALT, LORETTA
5431 SUGAR HILLS DRIVE
GREENFIELD IN☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**P**
GREENWALT, JEFFREY A
5396 NORTH FORTVILLE PIKE
GREENFIELD IN 46140☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**VPF**
WEPPLER, KEITH D
2450 WEST 500 NORTH
GREENFIELD IN 46140☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ ChangeTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change

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

SIGNATURE: *Keith D. Weppler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00 (317) 462-3266
Date Daytime Phone #