2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State
03-17-2000 90027 044 ***150.00

DOCUMENT # G11836

1. Entity Name

GREENBRIER VILLAGE, INC.

Principal Place of Business	Mailing Address
6100 62ND AVE N GREENBRIER VILLAGE OFFICE PINELLAS PARK FL 33781 US	6100 62ND AVE N GREENBRIER VILLAGE OFFICE PINELLAS PARK FL 33781-5335 US

DO NOT WRITE IN THIS SPACE

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 59-2256150 ☐ 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
MORAN, MARJORIE 6100 62ND AVE. N. #14 PINELLAS PARK FL 33781	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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BELLEMARE, ROBERT 6100 62ND AVE N #67 PINELLAS PARK FL 33781	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP GEOFFREY, HAROLD 6100 62ND AVE N #66 PINELLAS PARK FL 33781	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP Ron Krieble 6100 62nd Avenue N #23 Pinellas Park, Fl. 33781	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP KRIEBLE, RON 6100 62ND AVE N #23 PINELLAS PARK FL 33781	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MORAN, MARJORIE 6100 62 AVE N #14 PINELLAS PARK FL 33781	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP Jack Tompkins 6100 62nd Avenue N # 24 Pinellas Park, Fl 33781	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FREEMAN, LESTER 6100 62ND AVE N #22 PINELLAS PARK FL 33781	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Marjorie A. Moran MARJORIE A. MORAN 3/9/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 727-546-9128