

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G12798

1. Entity Name

GREICO CORPORATION

Principal Place of Business

Mailing Address

32853 PENNSYLVANIA AVE
PO BOX 15
SAN ANTONIO FL 33576

32853 PENNSYLVANIA AVE
PO BOX 15
SAN ANTONIO FL 33576

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

59-2251663

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

SUMNER, ROBERT D
14150 6TH ST
DADE CITY FL 33525

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, 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	PD	<input type="checkbox"/> Delete
NAME	GREIF, CATHERINE E	
STREET ADDRESS	32853 PENNSYLVANIA AVE	
CITY-ST-ZIP	SAN ANTONIO FL 33576	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GREIF, JAMES B	
STREET ADDRESS	37923 SOUTHVIEW AVE	
CITY-ST-ZIP	DADE CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCKENDREE, VIRGINIA G	
STREET ADDRESS	30453 PASCO ROAD	
CITY-ST-ZIP	SAN ANTONIO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GREIF, JOHN A	
STREET ADDRESS	13204 NEWGENT RD	
CITY-ST-ZIP	SAN ANTONIO FL 33576	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GREIF, JEROME C	
STREET ADDRESS	32900 JESS JONES AVE	
CITY-ST-ZIP	SAN ANTONIO FL 33576	
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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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: Virginia G. McKendree
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-01
Date

352-567-6678
Daytime Phone #

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90095 011 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)