

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H28947

1. Entity Name

LOPER-GREENE DEVELOPMENT CORPORATION ✓

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90042 027 ***550.00

Principal Place of Business

2254 COACHMAN RD
 SPRINGHILL FL 34608
 US

Mailing Address

2254 COACHMAN RD
 SPRINGHILL FL 34608
 US

2. Principal Place of Business

5336 BOLO VENTURE PL

3. Mailing Address

5336 BOLO VENTURE PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WESLEY Chapel, FL

City & State

WESLEY Chapel, FL

4. FEI Number

59-2474953

Applied For

Not Applicable

Zip

33544

Country

Zip

33544

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPER, EDWARD T.
 1825 NORTH HWY. 41
 INVERNESS FL 34450

7. Name and Address of New Registered Agent

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 Edward T Loper

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/13/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LOPER, SUSAN L.	
STREET ADDRESS	2254 COACHMAN RD.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	LOPER, EDWARD T.	
STREET ADDRESS	2254 COACHMAN RD.	
CITY-ST-ZIP	SPRING HILL FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Edward T Loper
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/00 Date 813 907 5387 Daytime Phone #

CR2E034 (5/00)