

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H91218

1. Entity Name

RICH GREENE ASSOCIATES, INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90147 048 ***150.00

Principal Place of Business

Mailing Address

401 N. PARSONS
106A
BRANDON FL 33510
US

401 N. PARSONS
106A
BRANDON FL 33510-2747
US

2. Principal Place of Business

1705 Cottageside Ct.

3. Mailing Address

1705 Cottageside Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRANDON, FL

City & State

BRANDON, FL

4. FEI Number

59-2618032

Applied For

Not Applicable

Zip 33510

Country Hillsborough

Zip 33510

Country Hillsborough

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

GREENE, RICHARD A.
401 N. PARSONS, #106A
BRANDON FL 33510

Name

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

1705 Cottageside Ct.

City

BRANDON

FL

Zip Code

33510

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

J. L. Greene

J. L. GREENE

4/12/00

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	P	<input type="checkbox"/> Delete
NAME	GREENE, RICHARD	
STREET ADDRESS	401 N. PARSONS 106A	
CITY-ST-ZIP	BRANDON FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GREENE, JANIS	
STREET ADDRESS	401 N. PARSON 106A	
CITY-ST-ZIP	BRANDON 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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1705 Cottageside Ct.	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1705 Cottageside Ct.	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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		

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:

J. L. Greene J. L. GREENE

Date

Daytime Phone #

813-684-1235