

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90180 021 ***150.00

DOCUMENT # J31654

1. Entity Name

GREENFERN DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

**2417 SW MARQUIS TER
 STUART FL 34997**

**2817 SW MARQUIS TER
 STUART FL 34997-1329
 US**

A003328U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3828 SE Bluebill Pl.

3. Mailing Address

3828 SE Bluebill Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number

59-2721936

Applied For

Not Applicable

Zip

34997

Country

Martin

Zip

34997

Country

Martin

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

**UCCARDI, JUDY
 2417 SW MARQUIS TER
 STUART FL 34997**

Name

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

3828 SE Bluebill Pl.

City

Stuart,

FL

Zip Code
34997

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 Delete
 NAME **PD UCCARDI, GEORGE**
 STREET ADDRESS **2417 SW MARQUIS TER**
 CITY-ST-ZIP **STUART FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **3828 SE Bluebill Pl.**
 CITY-ST-ZIP **Stuart, Fl. 34997**

TITLE Delete
 NAME **SDV UCCARDI, JUDY**
 STREET ADDRESS **2417/SW/MARQUIS TER.**
 CITY-ST-ZIP **STUART FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **3828 SE Bluebill Pl.**
 CITY-ST-ZIP **Stuart, Fl. 34997**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: **Judy Uccardi** 3/29/2000 (561)288-6589
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C:\21E034 (9/99)