# 2000 UNIFORM BUSINESS REPORT (UBR)

03-19-2001 90013 017 **900.00

DOCUMENT # J68545

J68545

FILED

01 MAY -8 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

GREENWOOD POSTAL CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2480 SOUTH CONGRESS AVENUE<br>WEST PALM BEACH FL 33406 | 2480 SOUTH CONGRESS AVENUE<br>WEST PALM BEACH FL 33406 |

RE-ENTER DO NOT WRITE IN THIS SPACE 00-01

| 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 59-2789617 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REEHILL, BARBARA
2480 SOUTH CONGRESS AVENUE
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name: SUSAN REEHILL

Street address (P.O. Box Number is Not Acceptable):

2480 SOUTH CONGRESS AVE

City: WEST PALM BEACH FL Zip Code: 33406

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: Susan REEHILL Susan Reehill 5-8-01
(Signature, typed or printed name of registered agent and title if applicable) (Signature of registered agent if agent is changing) DATE

9. This corporation is eligible to utilize its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 fee will be $150.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS

| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | |
|---|---|---|
| P<br>REEHILL, BARBARA A<br>2480 SOUTH CONGRESS AVENUE<br>WEST PALM BEACH FL 33406 | ☐ Delete | |
| P<br>REEHILL, SUSAN<br>2480 SOUTH CONGRESS AVENUE<br>WEST PALM BEACH FL 33406 | ☐ Delete | |
| | ☐ Delete | |
| | ☐ Delete | |
| | ☐ Delete | |
| | ☐ Delete | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | |
|---|---|---|
| | ☐ Change | ☐ Addition |
| | ☐ Change | ☐ Addition |
| | ☐ Change | ☐ Addition |
| | ☐ Change | ☐ Addition |
| | ☐ Change | ☐ Addition |
| NR 5/16 | ☐ Change | ☐ Addition |

Changes (Side)

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 asterisk.

SIGNATURE: [illegible] 5/8/01 561 635-2004 cell

Susan Reehill 5/8/01 561 641-4338 Store 1