

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K47067

1. Entity Name

GREEN BAY APARTMENTS, INC.

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90102 003 \*\*\*150.00

Principal Place of Business

4800 N. FEDERAL HWY.  
SUITE 207, TOWER D  
BOCA RATON FL 33431-4735

Mailing Address

4800 N. FEDERAL HWY.  
SUITE 207, TOWER D  
BOCA RATON FL 33431-5188

00010598

2. Principal Place of Business

401 CAMINO GARDENS BOULEVARD

3. Mailing Address

401 CAMINO GARDENS BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

4. FEI Number

65-0104045

Applied For

Not Applicable

Zip

33432-5810

Country

Zip

33432-5810

Country

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

FELDMAN, JOEL H  
4800 N. FEDERAL HWY.  
SUITE 207, TOWER D  
BOCA RATON FL 33431-4735

Name JOEL H. FELDMAN

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

401 CAMINO GARDENS BOULEVARD

City BOCA RATON

FL

33432-5810

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 DP ☐ Delete  
NAME DRINKWATER, GARY R.  
STREET ADDRESS P O BOX 32 HSBC HOUSE, RIDGEWAY ST  
CITY-ST-ZIP DOUGLAS IS 1M991

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

TITLE D ☒ Delete  
NAME ~~DRINKWATER, GARY R.~~  
STREET ADDRESS ~~P O BOX 32 HSBC HOUSE RIDGEWAY ST~~  
CITY-ST-ZIP ~~DOUGLAS IS 1M991~~

TITLE Director ☐ Change ☒ Addition  
NAME Lee Wright Penrose  
STREET ADDRESS P.O. Box 32, HSBC House  
CITY-ST-ZIP Douglas, Isle of Mann 1M99 US

TITLE D ☐ Delete  
NAME TOWSE, STEPHEN  
STREET ADDRESS P.O. BOX 32, HSBC HOUSE, RIDGEWAY ST.  
CITY-ST-ZIP DOUGLAS, ISLE OF MAN 1M991

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

TITLE S ☐ Delete  
NAME FELDMAN, JOEL H  
STREET ADDRESS 4800 N FEDERAL HWY., #207-D  
CITY-ST-ZIP BOCA RATON FL

TITLE JOEL H. FELDMAN ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 401 CAMINO GARDENS BOULEVARD  
CITY-ST-ZIP BOCA RATON, FLORIDA 33432-5810

TITLE D ☐ Delete  
NAME CARTLEDGE, KEVIN  
STREET ADDRESS P O BOX 32 HSBC HOUSE RIDGEWAY ST  
CITY-ST-ZIP DOUGLAS IS 1M99

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #