

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90018 022 ***150.00

0581643 AT

DOCUMENT # K85745

1. Entity Name

GREENWOOD DEVELOPMENT CORPORATION OF FLORIDA, IN C.

Principal Place of Business

**C/O JULIAN J. NEXSEN, JR.
P. O. BOX 1017
GREENWOOD SC 29648**

Mailing Address

**C/O JULIAN J. NEXSEN, JR.
P. O. BOX 1017
GREENWOOD SC 29648**

2. Principal Place of Business

C/O Julian J. Nexsen, Jr.

3. Mailing Address

C/O Julian J. Nexsen, Jr.

Suite, Apt. #, etc.

104 Maxwell Street

Suite, Apt. #, etc.

P.O. Box 1546

City & State

Greenwood, SC

City & State

Greenwood, SC

Zip

29646

Country

Zip

29648

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0893939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRIMSLEY, JAMES W.
25 WALTER MARTIN ROAD, NE
FT. WALTON BEACH FL 32548**

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

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, 2002 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

TITLE	V	<input type="checkbox"/> Delete
NAME	PIGG, CHARLES W	
STREET ADDRESS	104 GLENRIDGE CIRCLE	
CITY-ST-ZIP	GREENWOOD SC 29649	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	JUSTESEN, WAYNE Q., JR.	
STREET ADDRESS	204 HARVEST LN.	
CITY-ST-ZIP	GREENWOOD SC 29649	
TITLE	DP	<input type="checkbox"/> Delete
NAME	NEXSEN, JULIAN J., JR.	
STREET ADDRESS	512 E HENRIETTA AVE	
CITY-ST-ZIP	GREENWOOD SC 29649	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	STEVERSON, JOY B	
STREET ADDRESS	308 CREEK ROAD WEST	
CITY-ST-ZIP	GREENWOOD SC 29646	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, WILLIAM B	
STREET ADDRESS	204 DEER RUN LN	
CITY-ST-ZIP	GREENWOOD SC 29649	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WATKINS, WILLIAM B	
STREET ADDRESS	118 AMHERST DR	
CITY-ST-ZIP	GREENWOOD SC 29649	

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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)