2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L0000008095 1. Entity Name GREENE ENTERPRISES L.L.C.						FILED			
						01 APR -9 AM 7: 46			
				٠,					
Principal Place of Business * Mailing Address					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
	ON LAKE ROAD VILLE FL 32327		488 WHIDDON LAKE ROAD CRAWFORDVILLE FL 32327				TO T	Α.	
CHATTECHET	VILLE PL 32327	CHAWFURDVILI	E FL 32321						
2. Principal f	Place of Business	3. Mailing Addre	3. Mailing Address			I INDIINII TII DEIII BOIEI BOIII DI	ILIO BULIN UURIN BULUN IUNN UURIN	O IDIOK DAN TODA	
Suite, Apt	. #, etc.	Suite, Apt. #, 6	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	te	City & State	City & State			4. FEI Number Applied For			
		Only a state	Only & State					ot Applicable	
Zip _	Country	Zip	Cour	ntry	5 . Cer	tificate of Status Desired	S5.00 Add	ditional	
	6. Name and Address of Curren	t Registered Agent		Ι	7. Nan	e and Address of New R	egistered Agent		
			Name						
	, KIMBERLY S DDON LAKE ROAD			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
	RDVILLE FL 32327				<u>. </u>	. •			
				City			FL Zip Cod	9	
8. The above	named entity submits this statement f	or the purpose of cha	naina its reaistere	ed office or r	egistered agent	or both, in the State of Flor			
	,	or and purpose of one	nging to regioter		ogiotoroa agom,	or born, in the older of the	,		
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable.	(NOTE: Registered	d Agent signature	required when reinsta	ing)	DATE		
FILE NOW!!! FEE IS					ሰ ሰበ	700004	niaepo	· IC: -	
Make Check Paya				-	ment of State -04/18/0101003007				
<u> </u>	MANAGING MEME	JERS/MEMBERS	10.			● 新春年末年 ADDITIONS/1		•50 . 00	
ITLE .	MGR	Del				Abbittotto	☐ Change	☐ Addition	
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TREET ADDRESS	CRAWFORDVILLE FL 32327		ET ADDRESS · ST-ZIP				ļ		
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1. 1 hereby c	ertify that the information supplied with	this filing does not a	ualify for the exen	notion stated	in Section 119.0	07(3)(i), Florida Statutes 11	further certify that the in	formation	
indicated	on this report is true and accurate and	that my signature sha	all have the same	legal effect	as if made under	oath; that I am a managir	ng member or manager	of the	

2/20/01 92/-8/18

3/30/0 Date

Daytime Phone #

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MANAGER, OR AUTHORIZED REPRESENTATIVE