

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L13236

1. Entity Name

GREENTREE PROFESSIONAL CENTRE, INC.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90630 039 ***150.00

Principal Place of Business

Mailing Address

10661 AIRPORT PULLING RD.
SUITE 9
NAPLES FL 34109
US

10661 AIRPORT PULLING RD.
SUITE 9
NAPLES FL 34109-7310
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0193820

Applied For

Not Applicable

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

ROSS, JERRY A.
10661 AIRPORT PULLING RD.
SUITE 9
NAPLES FL 34109

PAID

CHIEF 117
\$150.00 4/28/00

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 filer if applicable)

(FBI: Registered Agent signature required when necessary)

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 PD ☐ Delete
NAME ROSS, JERRY A.
STREET ADDRESS 10661 AIRPORT PULLING RD. N., SUITE #9
CITY-ST-ZIP NAPLES FL 34109

TITLE VD ☒ Delete
NAME ROSS, EVELYN L
STREET ADDRESS 10661 AIRPORT PULLING RD. N., SUITE #9
CITY-ST-ZIP NAPLES FL 34109

TITLE STD ☐ Delete
NAME ROSS, DOROTHY B.
STREET ADDRESS 10661 AIRPORT PULLING RD., N. SUITE #9
CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 687, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment to this report as required by Chapter 687, Florida Statutes.

SIGNATURE

(Signature and typed or printed name of signing officer or director)

5/21/01
4/28/00

944-591-0999
944-591-0999