

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001559

1. Entity Name

GREENHOUSE PRODUCE, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 10 AM 9:25

Principal Place of Business

1725 KAPOK STREET
NAPLES FL 34117

Mailing Address

1101 FIFTH AVENUE SOUTH
NAPLES FL 34102-6415



DO NOT WRITE IN THIS SPACE

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

65-0918675

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LADEMAN, CARRIE E ESO.

C/O WOODWARD, PIRES & LOMBARDO, P.A.

801 LAUREL OAK DRIVE, SUITE 710

NAPLES FL 34108

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
NELLES, MANFRED
1522 NORTHGATE DRIVE
NAPLES FL 34105 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BLUMERT, MICHAL W
1101 FIFTH AVENUE SOUTH
NAPLES FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
600003328846-9
-07/19/00-01123-012
*****50.00 *****50.00
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E063 (9/99)