

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002197

1. Entity Name
GREENMAN FAMILY INVESTMENT, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 AM 11:42

Principal Place of Business
16915 RIVER BIRCH CIRCLE
DELRAY BEACH FL 33445

Mailing Address
16915 RIVER BIRCH CIRCLE
DELRAY BEACH FL 33445-7058



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

65-0917759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DONOFF, CRAIG
18305 BISCAYNE BLVD., SUITE 300
AVENTURA FL 33160

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS GREENMAN, PHYLLIS
CITY- ST- ZIP 16915 RIVER BIRCH CIRCLE
DELRAY BEACH FL 33445 ☐ Delete

TITLE NAME MGR
STREET ADDRESS KATZ, JUDITH
CITY- ST- ZIP 43 DIANA'S TRAIL
ROSLYN NY 11576 ☐ Delete

TITLE NAME MGR
STREET ADDRESS GREENMAN, LESTER
CITY- ST- ZIP 200 E-72ND ST
NEW YORK NY 10020 ☐ Delete

TITLE NAME MGR
STREET ADDRESS GREENMAN, STANLEY
CITY- ST- ZIP 339 MILL RUN ROAD
BROOKSVILLE NY 11771 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)