

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 16 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002580

1. Entity Name
THE GREENS WAY PARTNERSHIP, L.C.

Principal Place of Business
2108 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH FL 32082

Mailing Address
2108 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH FL 32082-3043

2. Principal Place of Business

5150 PALM VALLEY ROAD

3. Mailing Address

5150 PALM VALLEY ROAD

Suite, Apt. #, etc.

BLDG 2 STE 100

Suite, Apt. #, etc.

BLDG 2 STE 100

City & State

PONTE VEDRA BEACH, FL

City & State

PONTE VEDRA BEACH, FL

Zip

32082

Country

Zip

32082

Country

4. FEI Number

59-3577661

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

BOND, C. GUY

PATTERSON BOND & LATSHAW, P.A.
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name

ZYSKI, JERRY

Street Address (P.O. Box Number is Not Acceptable)

5150 PALM VALLEY ROAD

BLDG 2 STE 100

City

PONTE VEDRA BEACH

FL

Zip Code

32082

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

3/31/00

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME ROGERS, J.R.
STREET ADDRESS 2108 SAWGRASS VILLAGE DRIVE
CITY- ST- ZIP PONTE VEDRA BEACH FL 32082

TITLE MGRM ☐ Delete
NAME ZYSKI, JERRY
STREET ADDRESS 2108 SAWGRASS VILLAGE DRIVE
CITY- ST- ZIP PONTE VEDRA BEACH FL 32082

TITLE MGRM ☒ Delete
NAME ZYSKI, NANCY
STREET ADDRESS 2108 SAWGRASS VILLAGE DRIVE
CITY- ST- ZIP PONTE VEDRA BEACH FL 32082

TITLE MGRM ☒ Delete
NAME ALLERTON, KIM
STREET ADDRESS 2108 SAWGRASS VILLAGE DRIVE
CITY- ST- ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 400003279244-8
STREET ADDRESS -05/07/00-01010-002
CITY- ST- ZIP *****50.00 *****50.00

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

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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 REQUIRED

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

Date

Daytime Phone #

3/31/00 904 280 8070

CR2E083 (9/99)