

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002580**

1. Entity Name

THE GREENS WAY PARTNERSHIP, L.C.

FILED

01 FEB 12 PM 3:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**5150 PALM VALLEY ROAD, BLDG. 2, SUITE 100
PONTE VEDRA BEACH FL 32082**

Mailing Address
**5150 PALM VALLEY ROAD, BLDG. 2, SUITE 100
PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business
5150 Palm Valley Rd
Suite, Apt. #, etc.
SUITE 200

3. Mailing Address
5150 Palm Valley Rd
Suite, Apt. #, etc.
200

City & State
Zip Country

City & State
Zip Country

4. FEI Number
59-3577661

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ZYSKI, JERRY
5150 PALM VALLEY ROAD, BLDG. 2, SUITE 100
PONTE VEDRA BEACH FL 32082**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
5150 Palm Valley Rd
SUITE 200
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 _____ (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 ROGERS, J.R. 2108 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM J.R. ROGERS 5150 PALM VALLEY RD, SUITE 200 PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZYSKI, JERRY 2108 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JERRY ZYSKI 5150 PALM VALLEY RD, SUITE 200 PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/24/01 (904) 280-3119

0001780 AF

CR2E083 (11/00)