2000 UNIFORM BUSINESS REPORT (UBR)

				<u>- </u>	_				
DOCUMENT # L9900003416 1. Entity Name GREENEST TREET, L.L.C.						SECRETARY OF STATE DIVISION OF CORPORATIONS OO SEP -8 AM 10: 02			
		· .				UU SEP	-8 AM In: r	12	
Principal Place of Business Mailing Address								12/	
1301 RIVERPLACE BLVD 1301 RIVERPLACE BLVD					}			\mathcal{A}	
SUITE 1840 JACKSONVILL	.E FL 32207	SUITE 1840 JACKSONVILLE FL 3220							
	· - -	•							
2. Principal Place of Business 3. Mailing Ad			ng Address		1 `]		8:007	
Suite, Apt.	# etc	Suite Ant # etc	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
odito, Apt.	#, Olo.		o, r.p.c. #, oto.		SO NOT WHILE IN THIS STACE				
City & State		City & State	City & State		4. FEI Number Applied For Not Applicable				
Zip	Country	Zip	Zip Coun		5. Certificate of Status Desired				
	_6. Name and Address of Curr	rent Registered Agent		رييا يتحدد	7. Nam	e and Address of New R		-	
				Name					
BARRY B. ANSBACHER, P.A.				Street Address (P.O. Box Number is Not Acceptable)					
1301 RIVERPLACE BLVD SUITE 1840									
	IVILLE FL 32207		City				FL Zip (Code	
The above named entity submits this statement for the purpose of changing its registered office or regis						both in the State of Ele			
a. The above	named entity submits this stateme	ent for the purpose of changing it	rs registere	a once or regist	ыөс аусы,	of Don't, lit the State of Fic	mua.		
SIGNATURE .		(8/0	TC. Co. January		232 1		DATE		
	Signature, typed or printed name of registered a	agent and title it applicable. (NO	J (E: Hegistered	Agent signature requir	ed when remstati	(Day)	DAIC		
	EE IS \$50.00								
		Make Check P	ayable to	Department	of State				
9.	MANAGING ME	MBERS/MANAGERS	10.	<u> </u>	<u> </u>	ADDITIONS,	CHANGES		
TITLE	MGR Defete					☐ Change ☐ Addition			
NAME APOL, PETER J JR		TT 4040	NAME	ET ADDRESS		00000339 11 801 -09/13/0001040012			
STREET ADDRESS CITY-ST-ZIP	1001 THE PARE DELL TO TO		CITY					**50.00	
TITLE	ONONO IVILLE TE GELOT	☐ Delete	TITLE			क क क क	Char		
NAME			NAME	1					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP					
TITLE		Delete -	TITLE		***		~ Chan	ge	
NAME	·	rm Delete	NAME	į.					
STREET ADDRESS				ET ADDRESS			•		
CITY-ST-ZIP				ST-ZIP					
NAME		☐ Delete	TITLE				Chan	ge 🗌 Addition	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Chan	ge 🔲 Addition	
NAME CYDCET ADDOCCC	,		NAME	1				ļ	
STREET ADDRESS CITY-ST-ZIP	i		· .	ET ADDRESS ST-ZIP					
TITLE	1 • • • • • • • • • • • • • • • • • • •	Delete	TITLE				☐ Chan	ge Addition	
NAME		45.50	NAME				_	_	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP				ST-ZfP					
indicated	certify that the information supplied on this report is true and accurate	and that my signature shall have	e the same	legal effect as if	made under	roath; that I am a manag	I turther certify that to ping member or man	ne intormation ager of the	
timited lia	bility company or the receiver of the	ustee empowered to execute this	s report as	required by Cha	pter 608, Flo	orida Statutes.			
CICLIAT	une Silatia	TUFLE REQU	REC		Q)-7-00	904-399	-440a	
SIGNAT	UNE: """"""	/·				•		1 <u>.</u>	

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