

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M42113

1. Entity Name

GREEN PINES MANAGEMENT COMPANY

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90181 013 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

1900 Glades Road

3. Mailing Address

1900 Glades Road

Suite, Apt. #, etc.

Suite 245

Suite, Apt. #, etc.

Suite 245

City & State

Boca Raton Florida

City & State

Boca Raton Fl

Zip

Country

33431

Zip

33431

Country

4. FEI Number

59-2763164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Greenberg, Martin F.
1900 Glades Road
Suite 245
Boca Raton Florida 33431

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME Martin F. Greenberg
STREET ADDRESS 1900 Glades Road Ste 245
CITY-ST-ZIP Boca Raton Fl 33431

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Martin F. Greenberg
President

4/24/00

561-8585
249-8585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)