

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N000000002188

1. Entity Name

Green Cross Projects Incorporated

Principal Place of Business

Mailing Address

1403-C University Center
Florida State University
Tallahassee, FL 32303

2. Principal Place of Business

2404-C University Center

3. Mailing Address

Suite, Apt. #, etc.
Florida State University

City & State
Tallahassee, FL

City & State

Zip
32306-3967

Country
USA

Zip

Country

4. FEI Number

59-3622621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED
01 MAY 23 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

Cherry Mills
2729 Blainstone Road
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

Name

Kathleen R. Regan

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

1564 Keily Run

City

Tallahassee

FL

Zip Code
32301

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

Kathleen R. Regan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Kathleen R. Regan, President

DATE

May 21, 2001

FILE NOW:
FEE IS \$61.25

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

TITLE	D	<input type="checkbox"/> Delete
NAME	Figley, Charles R.	
STREET ADDRESS	8045 Tennyson Drive	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	Fowler, Lynn	
STREET ADDRESS	1025A S.W. 11th Avenue	
CITY-ST-ZIP	Ocala, FL 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	Miller, John	
STREET ADDRESS	1161 Ash Grove Loop	
CITY-ST-ZIP	Creswell, OR 97426	
TITLE	D	<input type="checkbox"/> Delete
NAME	Mills, Sherry	
STREET ADDRESS	2729 Blainstone Road	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	D	<input type="checkbox"/> Delete
NAME	Ratliff-Trotter, Karen	
STREET ADDRESS	Post Office Box 364	
CITY-ST-ZIP	Alcoa, TN 37701	
TITLE	D	<input type="checkbox"/> Delete
NAME	Raz, Sherrie	
STREET ADDRESS	10531 Bexley Boulevard	
CITY-ST-ZIP	Boca Raton, FL 33428	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Regan, Kathleen R.	
STREET ADDRESS	1564 Keily Run	
CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Joe B.	
STREET ADDRESS	13603 Ravenview Drive	
CITY-ST-ZIP	Choctaw, OK 73020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000004430670-2	
STREET ADDRESS	-06/19/01-01107-016	
CITY-ST-ZIP	*****61.25 *****61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Kathleen R. Regan*

Kathleen R. Regan

May 21, 2001

656-7158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)