2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 08, 2000 8:00 am **DOCUMENT # N10051** 1. Entity Name Secretary of State GREEN BRIDGE FAN CLUB, INC. 03-08-2000 90005 037 ****70.00 Principal Place of Business Mailing Address C/O DAVIS. STEVE C/O DAVIS. STEVE PO BOX 50 P.O. BOX 50 ODODNOM PARA PALMETTO FL 34220-0050 PALMETTO FL 34220-0050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2585311 Not Applicable \$8.75 Additional Zip Zin Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DAVIS, STEVE 1712 71ST ST. NW PO BOX 50 Zip Code PALMETTO FL 34220 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. 1- 6-00 DATE SIGNATURE Signature, typed or printed name of registered agent and title it 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition Delete TITI F TITLE worley rose d. NAME NAME STREET ADDRESS STREET ADDRESS 909 18 AVE DR W. CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE GAUNT, HARVEY_J. NAME NAME STREET ADDRESS STREET ADDRESS 3704 2 AVE DR E. CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL ☐ Addition ☐ Change PO ☐ Delete TITLE TITLE NAME NAME DAVIS, STEVEN STREET ADDRESS STREET ADDRESS 1712 71 ST NW CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL ☐ Change ☐ Addition Delete TITLE TITLE HARRISON, JO NAME STREET ADDRESS STREET ADDRESS **REGATTA POINT** CITY-ST-ZIP CITY-ST-ZIP Palmetto fl ☐ Change Addition TITLE SD ☐ Delete NAME DAVIS, LINDA STREET ADDRESS STREET ADDRESS 1712 71ST NW CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FFICER OR DIRECTOR Days Date Daysime Pho SIGNATURE:

changed, or on an attachment with

12. I hereby certify that the information supplied with this filling 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 in address, with all ther like empowered.