

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22718

1. Entity Name

GREEN ISLE FOUNDATION, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90150 041 ****61.25

Principal Place of Business

Mailing Address

13435 GREEN ISLE TERRACE
 P.O. BOX 121400
 CLERMONT FL 34712-8400

13435 GREEN ISLE TERRACE
 P.O. BOX 121400
 CLERMONT FL 34712-1400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2875235

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, DONALD S.
 13435 GREEN ISLE TERRACE
 CLERMONT FL 32711

Name

Brown, Donald DVM

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

6235 Whip-O-Will Lane

City

St. Cloud

FL

Zip Code
34771

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:  **Donald S. Brown, Chairman of the Board** 1-12-2000
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** Delete
 NAME **BLOCK, DONALD**
 STREET ADDRESS **10343 THOMPSON PLACE**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **P** Change Addition
 NAME **Block, Donald**
 STREET ADDRESS **10343 Thompson Place**
 CITY-ST-ZIP **Clermont, FL 34711**

TITLE **T** Delete
 NAME **WEBER, RICHARD**
 STREET ADDRESS **1126 COUNTY ROAD 561A**
 CITY-ST-ZIP **CLERMONT-FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **STEWART, DOLORES**
 STREET ADDRESS **8441 DORAL DR**
 CITY-ST-ZIP **CLERMONT FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **COB** Delete
 NAME **BROWN, DONALD S.**
 STREET ADDRESS **13435 GREEN ISLE TERRACE**
 CITY-ST-ZIP **CLERMONT FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TR** Delete
 NAME **GRIFFITH, EDWARD W.**
 STREET ADDRESS **15009 GREEN VALLEY BLVD**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **HEFFRON, JAMES C**
 STREET ADDRESS **9035 MOSSY OAK LANE**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **V** Change Addition
 NAME **Heffron, James C.**
 STREET ADDRESS **9035 Mossy Oak Lane**
 CITY-ST-ZIP **Clermont, FL 34711**

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:  **EDWARD W. GRIFFITH** 1-13-2000 352/429-4341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)