

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

Mailing Address
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

Zip

Country

Zip

Country

4. FEI Number

59-2875235

Applied For

Not Applicable

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)