

001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22718

Entity Name

GREEN ISLE FOUNDATION, INC.

FILED

01 MAR 12 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
GREEN ISLE TERRACE BOX 121400 CLERMONT FL 34712-8400	13435 GREEN ISLE TERRACE P.O. BOX 121400 CLERMONT FL 34712-8400

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02/14/01 90004 048 \$61.25

4. FEI Number	Applied For
59-2875235	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

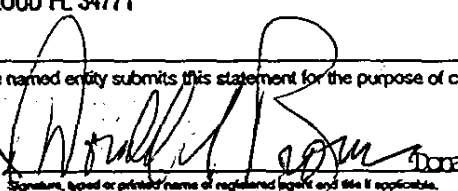
6. Name and Address of Current Registered Agent

BROWN, DONALD S.
6235 WHIP-O-WILL LANE
SAINT CLOUD FL 34771

7. Name and Address of New Registered Agent

Name
Brown, Donald S. DMM
Street Address (P.O. Box Number is Not Acceptable)
6235 Whip-O-Will Lane
City
St. Cloud FL Zip Code
34771

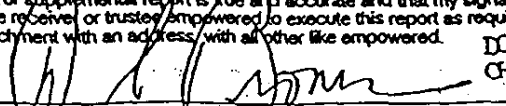
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE:  Donald S. Brown, DMM, Chairman of the Board
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 2/26/01

FILE NOW FEE \$55.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Take Check Payable to Department of State
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1. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLOCK, DONALD 10343 THOMPSON PLACE CLERMONT FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEBER, RICHARD 1126 COUNTY ROAD 561A CLERMONT FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEWART, DOLORES 8441 DORAL DR CLERMONT FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB BROWN, DONALD S. 13435 GREEN ISLE TERRACE CLERMONT FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDMONSON, BRUCE P.O. BOX 121400 CLERMONT, FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEFFRON, JAMES C 9035 MOSSY OAK LANE CLERMONT FL 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  DONALD S. BROWN
CHAIRMAN
Date: 2/6/01 Daytime Phone #: 352/429-4341

CR2E037 (10/00)

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