2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22718

Entity Name

GREEN ISLE FOUNDATION, INC.

FILED

01 MAR 12 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000642

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

02/14/01 90004 048 $61.25

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. 6235 WHIP-O-WILL LANE SAINT CLOUD FL 34771	Name: Brown, Donald S. DVM 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, DVM, Chairman of the Board 2/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILING FEE: $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 / 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 EDMONDSON, BRUCE P.O.BOX 121400 CLERMONT, FL 34711 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR GANT, JAMES 6601 ROSE STREET GROVELAND, FL 34736 ☐ 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

CR2E037 (10/00)

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 2/6/01 352/429-4341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #