(9/01)

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attac

SIGNATURE:

## Apr 09, 2002 8:00 am Secretary of State **DOCUMENT # N22718** 1. Entity Name GREEN ISLE FOUNDATION, INC. 04-09-2002 90048 015 \*\*\*\*61.25 Principal Place of Business Mailing Address 13435 GREEN ISLE TERRACE 13435 GREEN ISLE TERRACE P.O. BOX 121400 P.O. BOX 121400 CLERMONT FL 34712-8400 CLERMONT FL 34712-8400 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. ----Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE. 4. FEI Number Applied For City & State City & State 59-2875235 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BROWN, DONALD S DVM 6235 WHIP-O-WALL LANE SAINT CLOUD/FL 34771 City Zip Code the purpose of changing its registered office or registered agent, or both, in the state of Florida 8. The above named entity submits this statement 3/26/02 Donald S. Brown, DVM Chairman of the Board SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. P TITLE Change Addition TITLE X Delete **BLOCK, DONALD** BLOCK, DONALD NAME STREET ADDRESS 10343 THOMPSON PLACE STREET ADDRESS 10343 THOMPSON PLACE CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP CLERMONT, FL 34711 ☐ Change X Addition ☐ Delete WEBER, RICHARD -NAME NAME -BRUCE EDMINDSON \* 1126 COUNTY ROAD 561A STREET ADDRESS STREET ADDRESS 13435 GREEN ISLE TERRACE CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL CLERMONT, FL 34711 X Delete TITLE TITLE √ Change ☐ Addition GANT, JAMES NAME NAME CANT; JAMES 6601 ROSE STREET STREET ADDRESS STREET ADDRESS 6601 ROSE STREET CITY-ST-7IP GROVELAND FL CITY-ST-7IP GROVELAND, FL 34736 ☐ Delete ☐ Change X Addition TITLE TITLE BROWN, DONALD S. NAME NAME STEWART, DOLORES 13435 GREEN ISLE TERRACE STREET ADDRESS STREET ADDRESS 8441 DORAL DRIVE CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL CLERMONT, FL 34711 Delete TITLE ☐ Change X Addition TITLE GRIFFITH, EDWARD W. NAME HARIZOGO DANNY, PSIR. NAME STREET ADDRESS 15009 GREEN VALLEY BLVD STREET ADDRESS P.O. BOX 120486 CITY-ST-ZIF **CLERMONT FL 34711** CITY-ST-ZIP CLERMONI, FL 34711 X Addition TITLE ☐ Delete TITLE ☐ Change HEFFRON, JAMES C NAME NAME EGAN, DOREEN 9035 MOSSY OAK LANE STREET ADDRESS STREET ADDRESS 5219 C.R. 561 CLERMONT FL 34711 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 of the corporation or the accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

DONALD S. BROWN CHAIRMAN OF THE BOARD

3/26/02

352/429-4341

Daytime Phone #