

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90126 038 *****61.25

DOCUMENT # N22718

1. Entity Name

GREEN ISLE FOUNDATION, INC.



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 34712-8400**

2. Principal Place of Business

3. Mailing Address

P.O. Box 121400

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont, FL

Zip

Country

Zip

Country

34712-1400

4. FEI Number **59-2875235**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Donald S. Brown, DVM - Chairman
Signature, typed or printed name of registered agent and title if applicable.

Donald S. Brown, DVM Chairman of the Board

1/21/03

(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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
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 **VP** ☒ Delete
NAME **EDMUNDSON, BRUCE**
STREET ADDRESS **13435 GREEN ISLE TERRACE**
CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE **TR** ☒ Delete
NAME **GANT, JAMES**
STREET ADDRESS **6601 ROSE STREET**
CITY-ST-ZIP **GROVELAND FL 34736**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **Piper, Margaret**
STREET ADDRESS **10342 Lake Louisa Rd.**
CITY-ST-ZIP **Clermont, FL 34711**

TITLE **VP** ☐ Change ☒ Addition
NAME **Hartzog, Danny**
STREET ADDRESS **P.O. Box 120486**
CITY-ST-ZIP **Clermont, FL 34712**

TITLE **T** ☐ Change ☒ Addition
NAME **Block, Donald**
STREET ADDRESS **10343 Thompson Pl**
CITY-ST-ZIP **Clermont, FL 34711**

TITLE **S** ☐ Change ☒ Addition
NAME **Law, Julia**
STREET ADDRESS **250 S. Main St.**
CITY-ST-ZIP **Groveland, FL 34736**

TITLE **D** ☐ Change ☒ Addition
NAME **Edmundson, Bruce**
STREET ADDRESS **P.O. Box 120485**
CITY-ST-ZIP **Clermont, FL 34712**

TITLE **Trustee** ☐ Change ☒ Addition
NAME **Weber, Richard**
STREET ADDRESS **1126 County Road 561 A**
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:

Donald S. Brown, DVM

1/21/03

352/429-4341

CR2E037 (10/02)