2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44547 Jun 08, 2000 8:00 am Secretary of State 1. Entity Name GREEN PYTHON, INC. 06-08-2000 90024 047 ****61.25 Principal Place of Business Mailing Address 2330 GARDENVIEW ROAD 2330 GARDENVIEW ROAD SEBRING FL 33870-1568 SEBRING FL 33870 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3086333... Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Dianna M. Fairfield Street Address (P.O. Box Number is Not Acceptable) CHAMBERS, DAVID R. 2330 GARDENVIEW RD. 3201 Lakewood Road SEBRING FL 33870 Sebring 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. X Addition TITLE ☐ Delete TITLE DΤ NAME NAME KASMER, JOHN G., JR. Fairfield, Dianna M. STREET ADDRESS STREET ADDRESS 3742 CREEKSIDE DRIVE 3201 Lakewood Rd CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33870 Sebring, Fl 33872 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME Franchio, Michael R II STREET ADDRESS STREET ADDRESS 105 KAROLA DR CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33870 Director X1 Addition ☐ Change DT TITLE TITLE Delete CHAMBERS, DAVID R. NAME Furman, Gary NAME STREET ADDRESS STREET ADDRESS 2330 GARDENVIEW RD. 4733 Oueen Palm Drive CITY-ST-ZIP CITY-ST-ZIP Sebring, FL 33870 SEBRING FL 33870 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY, ST-ZIP; '; CITY-ST-ZIP 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.