

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90054 039 *****61.25

DOCUMENT # N46286

1. Entity Name

GREENBRIER LAKE CONDOMINIUM ASSOCIATION INC.

Principal Place of Business

**7400 SPRING HILL DR.
 #111
 SPRING HILL FL 34606**

Mailing Address

**7400 SPRING HILL DR.
 #111
 SPRING HILL FL 34606**

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

59-2110243

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

**DEBRA D FORBES
 7400 SPRING HILL DR #119
 SPRING HILL FL 34606**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	TORNABENE, CHARLES	
STREET ADDRESS	7400 SPRINGHILL DR. #219	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FORBES, DEBRA D	
STREET ADDRESS	7400 SPRINGHILL DR. #119	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHEIVE, LORRAINE	
STREET ADDRESS	7400 SPRING HILL DR. #104	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARIE J NOCILLA	
STREET ADDRESS	7400 SPRING HILL DR #115	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	ELEANORE A DEMAURO	
STREET ADDRESS	7400 SPRING HILL DR #116	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY Lavelle	
STREET ADDRESS	7400 Spring Hill Dr. # 215	
CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Debra D Forbes **Debra D. Forbes**

2-1-01

352-686-2922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)