

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State
 05-16-2000 90795 009 ****61.25

DOCUMENT # N47726

1. Entity Name

GREENS/GREEN PARTY OF FLORIDA, INC.

Principal Place of Business

836 DEEDRA AVE
 PENSACOLA FL 32514-1516
 US

Mailing Address

THE GREEN PARTY OF FLORIDA
 P.O. BOX 10294
 PENSACOLA FL 32524-0294

2. Principal Place of Business

5716 Sweet Cherry Ln
 Suite, Apt. #, etc.

3. Mailing Address

5716 Sweet Cherry Ln
 Suite, Apt. #, etc.

City & State

Land o' Lakes, FL

City & State

Land o' Lakes, FL

4. FEI Number

59-3132089

Applied For

Not Applicable

Zip

34639

Country

USA

Zip

34639

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ARDIS, JOHNNY
 836 DEEDRA AVE
 PENSACOLA FL 32514

7. Name and Address of New Registered Agent

Name

Dorothy T. Byrne

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

5716 Sweet Cherry Ln

City

Land o' Lakes

FL

Zip Code

34639

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

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	BOONE, ANNA	
STREET ADDRESS	3401 MILDRED DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOMMERVILLE, RICHARD	
STREET ADDRESS	6170 82ND TERRACE NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYRNE, DOROTHY	
STREET ADDRESS	430 BAY ST NE APT 515	
CITY-ST-ZIP	ST PETERSBURG FL 33701-3039	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ARDIS, JOHNNY	
STREET ADDRESS	836 DEEDRA AVE	
CITY-ST-ZIP	PENSACOLA FL 32514-1516	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marie Falbo	
STREET ADDRESS	2001 Glenridge #71	
CITY-ST-ZIP	Winter Park FL 32792	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dwight Lawton	
STREET ADDRESS	3212 67th Ter S Apt. B	
CITY-ST-ZIP	St. Petersburg FL 33712	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy T Byrne	
STREET ADDRESS	5716 Sweet Cherry Ln	
CITY-ST-ZIP	Land o' Lakes FL 34639	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy T. Byrne 4/27/2000

Date

813-996-1957

Daytime Phone #

CR2E037 (9/99)