

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0079242

DOCUMENT # N47726

1. Entity Name

GREENS/GREEN PARTY OF FLORIDA, INC.

04-01-2002 90647 033 *****70.00

Principal Place of Business

Mailing Address

**P.O. BOX 9048
TAMPA FL 33674
US**

**P.O. BOX 9048
TAMPA FL 33674
US**

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 **59-3132089**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BYRNE, DOROTHY T
430 BAY STREET NE
#1201
SAINT PETERSBURG FL 33701**

Name **ERIK R Kirby**

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

5000 S. Himes Ave #432

City **TAMPA**

FL

Zip Code **33611**

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 **ERIK R Kirby** **Erik R Kirby Treasurer**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2002 MAR 18
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 ☐ Delete
NAME **CD KEANEY, BRIAN**
STREET ADDRESS **415 FOREST PARK AVENUE**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD CAZZELL, MOE**
STREET ADDRESS **306 E NORTH STREET**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **TD BYRNE, DOROTHY**
STREET ADDRESS **4300 BAY STREET NE, #1201**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE ☒ Change ☐ Addition
NAME **TD ERIK R Kirby**
STREET ADDRESS **5000 S. Himes Ave #432**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☐ Delete
NAME **D MEEDS, CAROL I**
STREET ADDRESS **333 HIBISCUS STREET**
CITY-ST-ZIP **JUPITER FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **ERIK R Kirby** **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2002 MAR 18

813-902-1276

Date Daytime Phone #

CR2E037 (9/01)