

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

FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90060 010 ****61.25

DOCUMENT # N47726

1. Entity Name
GREENS/GREEN PARTY OF FLORIDA, INC.



Principal Place of Business

P.O. BOX 9048
TAMPA FL 33674
US

Mailing Address

P.O. BOX 9048
TAMPA FL 33674
US

2. Principal Place of Business

PO Box 1316

Suite, Apt. #, etc.

Key West, Florida

City & State

33041-1316 US

Zip

Country

3. Mailing Address

PO Box 1316

Suite, Apt. #, etc.

Key West, Florida

City & State

33041-1316 US

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3132089**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRBY, ERIK R
5000 S HIMES AVE
E432
TAMPA FL 33611

7. Name and Address of New Registered Agent

Name **Oliver Kofoed**

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

2925 Patterson Ave

City

Key West

FL

Zip Code

33040

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 **Oliver Kofoed** **Oliver Kofoed**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-5-03

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

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

TITLE **TD** ☒ Delete
NAME **KIRBY, ERIK R**
STREET ADDRESS **5000 S HIMES AVE #432**
CITY-ST-ZIP **TAMPA FL 33611**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Change ☒ Addition
NAME **Mark Kamleiter**
STREET ADDRESS **435 11th Ave NE**
CITY-ST-ZIP **St Petersburg FL 33701**

TITLE **SD** ☐ Change ☒ Addition
NAME **Linda Pollini**
STREET ADDRESS **3615 NW 31st Terr.**
CITY-ST-ZIP **Gainesville, FL 32605**

TITLE **TD** ☐ Change ☒ Addition
NAME **Oliver Kofoed**
STREET ADDRESS **2925 Patterson Ave**
CITY-ST-ZIP **Key West FL 33040**

TITLE **D** ☐ Change ☒ Addition
NAME **Julia Aires**
STREET ADDRESS **3100 Hawthorn St #117**
CITY-ST-ZIP **Sarasota FL 34239**

TITLE ☐ Change ☐ Addition
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: **Oliver Kofoed**

6-5-03

305 923 1011

CR2E037 (10/02)