

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000006043

1. Entity Name

GREEN AMERICA, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90212 034 \*\*\*\*70.00

Principal Place of Business

2225 FUNSTON ST  
HOLLYWOOD FL 33020

Mailing Address

2225 FUNSTON ST  
HOLLYWOOD FL 33020-5950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0629730

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

OLIVER, JOHN  
2225 FUNSTON ST  
HOLLYWOOD FL 33020

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	D	<input type="checkbox"/> Delete
NAME	KELLY, JOHN	
STREET ADDRESS	4421 S.W. 22 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	NESS, CHARLES	
STREET ADDRESS	2400 W. BROWARD BLVD. #924	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIVER, JOHN	
STREET ADDRESS	2225 FUNSTON STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	Address change only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly, JOHN	
STREET ADDRESS	1641 SW 83 TERRACE	
CITY-ST-ZIP	DAVIE, FLORIDA 33324	
TITLE	D	Address change only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESS, CHARLES	
STREET ADDRESS	3161 SW 50 TERRACE	
CITY-ST-ZIP	DAVIE, FLORIDA 33314	
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

May 20, 2000 954-921-6504

CR2E037 (9/99)