

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91323 013 \*\*\*158.75

**DOCUMENT # P00000017163**

1. Entity Name  
**GREEN ACRES USA, INC.**

Principal Place of Business  
**9765 SPRING RUN BOULEVARD  
 BONITA SPRINGS FL 34135**

Mailing Address  
**9765 SPRING RUN BOULEVARD  
 BONITA SPRINGS FL 34135**

05-17-2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**25058 RIDGE OAK DR.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 580**  
 Suite, Apt. #, etc.

City & State  
**BONITA SPRINGS FL**

City & State  
**BONITA SPRINGS FL**

4. FEL Number  
**59-3626922**

Applied For  
 Not Applicable

Zip  
**34134**

Country  
**LEE**

Zip  
**34133**

Country  
**LEE**

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**

**OWENS, WILLIAM L ESQ.  
 C/O BOND, SCHOENECK & KING, P.A.  
 4001 TAMiami TRAIL NORTH #404  
 NAPLES FL 34103**

Name **KEITH A. HANCOCK**

Street Address (P.O. Box Number is Not Acceptable)  
**25058 RIDGE OAK DR.**

City **BONITA SPRINGS** FL Zip Code **34134**

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

**4/30/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Keith A. Hancock** **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/30/01 941464597**

CR2E034 (10/00)