

FILED

03 JUN 30 PM 12: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000097509			
1. Entity Name GREENWAY LAND, INC.			
Principal Place of Business 9001 E. COLONIAL DRIVE ORLANDO, FL 32817		Mailing Address 9001 E. COLONIAL DRIVE ORLANDO, FL 32817	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent SUNNER, KIMBERLY N 301 E. PINE STREET SUITE 1400 ORLANDO, FL 32801		5. Name and Address of New Registered Agent: Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 _____ DATE _____ (Signature, typed or printed name of registered officer and UBR filer only) (NOTE: Registered Agent's signature required when completing)			
FILE NOW!!! FEE IS \$150.00. After May 15, 2003, fee will be \$650.00. Make Check Payable to Florida Department of State.		7. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete RODRIGUEZ, FRANK 9001 E. COLONIAL DRIVE ORLANDO, FL 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ATKINSON, CARL 9001 E. COLONIAL DRIVE ORLANDO, FL 32817	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Treasurer Alden, Edward M. 9001 E. Colonial Dr Orlando, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		6/10/03 (407) 275-3200	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date	

VB