

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056730

1. Entity Name

GREENLEE CONSTRUCTION, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90063 005 ***150.00

Principal Place of Business

Mailing Address

212 LAR LANE
CRESCENT CITY FL 32112

P.O. BOX 406
CRESCENT CITY FL 28771-9625

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

59-3198382

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

GREENLEE, GARY
190 IBIS RD.
LONGWOOD FL 32779

Name

GARY GREENLEE

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

212 LAR LANE

City

CRESCENT CITY, FL

Zip Code

32112

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

GC GREENLEE PRESIDENT GC GREENLEE

(NOTE: Registered Agent signature required when reinstating)

030800

DATE

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	GREENLEE, GARY	
STREET ADDRESS	P.O. BOX 406	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

GC GREENLEE *GC GREENLEE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-08-00

Date

Daytime Phone #

CR2E034 (9/99)