

2000 UNIFORM BUSINESS REPORT (UBR)

3/.

DOCUMENT # P94000008507

FILED
May 15, 2000 8:00 am
Secretary of State

03-30-2000 90053 033 ***150.00

1. Entity Name

Thomas E. GREEF, P.A.

Principal Place of Business

Mailing Address

11200 - 142nd St

same

LARGO, FL 33774

2. Principal Place of Business

11200 - 142nd St N

3. Mailing Address

11200 - 142nd St N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LARGO FL

City & State

City & State

LARGO FL

Zip

Country

Zip

Country

33774

USA

33774

USA

59-3222224

DO NOT WRITE IN THIS SPACE

59-3222224

4. FEI Number

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

Mr. Ron Waters
1300 - 88th Ave N
St. Petersburg FL
33708

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

Thomas E. GREEF Thomas E. Grief

DATE

3-24-00

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 JEAN M. GREEF ☒ Delete
NAME P.O. Box 402
STREET ADDRESS LARGO FL 33774
CITY-ST-ZIP

TITLE Robin Grief, Jr ☒ Change ☐ Addition
NAME 8371 Passfield Turn
STREET ADDRESS Maple Grove Mn 55311
CITY-ST-ZIP

TITLE Chairman of Trus ☐ Delete
NAME Thomas E. GREEF
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President ☐ Delete
NAME Daniel A Grief
STREET ADDRESS 8371 Passfield Turn
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Maple Grove Mn ☐ Delete
NAME 55311
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V. Pres. ☐ Delete
NAME Mary Mc Donald
STREET ADDRESS 445 Summit Rd.
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Waltonville CA ☐ Delete
NAME 95076
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Thomas E. Grief Thomas E. Grief 3-24-00 727-595-3599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)