

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90022 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P94000008507**

1. Entity Name  
**THOMAS E. GREEF, PA.**

Principal Place of Business  
**11200-142ND ST N  
 LARGO FL 33774**

Mailing Address  
**11200-142ND ST N  
 LARGO FL 33774**

2. Principal Place of Business  
**11200-142nd St N**

3. Mailing Address  
**11200-142nd St N**

Suite, Apt. #, etc.  
**Largo, FL**

City & State  
**Largo, FL**

Zip  
**33774**

Country  
**USA**

4. FEI Number **59-8322224** Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WATERS, RONALD C  
 1300 88TH AVE N  
 ST. PETERSBURG FL 33702**

7. Name and Address of New Registered Agent

Name **Thomas E GREEF, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**11200-142nd St N**

City **LARGO** FL **33774**

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** DATE **1/5/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GREEF, DANIEL 8371 PASSFIELD TURN MAPLES GROVE MN 55311</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO GREEF, THOMAS 11200-142ND ST N LARGO FL 33774</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MCDONALD, MARY 445 SUMMIT RD WATSONVILLE CA 95076</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Thomas E Greef** **Thomas E Greef** DATE **1/05/01** DAYTIME PHONE # **727-595-3599**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)