

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017278

1. Entity Name

GREEN EARTH HOLDINGS, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90139 035 \*\*\*150.00

Principal Place of Business

Mailing Address

1 INDEPENDENT DRIVE  
SUITE 1600  
JACKSONVILLE FL 32202  
US

1 INDEPENDENT DR  
SUITE 1600  
JACKSONVILLE FL 32202-5009  
US

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

59-3232420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KREIS, ROBERT R.  
1 INDEPENDENT DR  
SUITE 1600  
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name  
Shields, David R.

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

Suite 1600

City  
Jacksonville

FL

Zip  
32202

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

David R. Shields

April 4, 2000

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOVETT, W. RADFORD II	
STREET ADDRESS	1 INDEPENDENT DR STE 1600	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, L D	
STREET ADDRESS	1 INDEPENDENT DR STE 1600	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	KREIS, R R	
STREET ADDRESS	1 INDEPENDENT DR STE 1600	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	DC	<input type="checkbox"/> Delete
NAME	LOVETT, R.D.	
STREET ADDRESS	1 INDEPENDENT DR STE 1600	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MELLO, JEANNINE	
STREET ADDRESS	1 INDEPENDENT DR STE 1600	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shields, David R.	
STREET ADDRESS	1 Independent Drive, Suite 1600	
CITY-ST-ZIP	Jacksonville, Florida 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mello, Jeannine	
STREET ADDRESS	1 Independent Drive, Suite 1600	
CITY-ST-ZIP	Jacksonville, FL 32202	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David R. Shields, V-Pres

4/4/00

Date

(904) 634-8808

Daytime Phone #

CR2E034 (9/99)