

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024114

1. Entity Name

GREEN EARTH HOLDINGS II, INC.

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

04-18-2000 90139 044 ***150.00

Principal Place of Business

Mailing Address

ONE INDEPENDENT DRIVE
STE 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

4. FEI Number **59-3235844**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

Name
Shields, David R.
Street Address (P.O. Box Number is Not Acceptable)
1 Independent Drive
Suite 1600
City **Jacksonville** **FL** Zip Code **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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	VSD	<input checked="" type="checkbox"/> Delete
NAME	KREIS, ROBERT 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	VP	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, L. D.	
STREET ADDRESS	1 INDEPENDENT DR STE 1600	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
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		
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	VP/T/D	<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		

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:

David R. Shields, V-Pres

4/4/00

(904) 634-8808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)