

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030059

1. Entity Name

TIERRA VERDE, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90008 017 ***150.00

Principal Place of Business

Mailing Address

1550 N. ELLIS ROAD
JACKSONVILLE FL 32205

P.O. BOX 28751
JACKSONVILLE FL 32204-3321

2. Principal Place of Business

1107 Myra St

3. Mailing Address

N/A

Suite, Apt. #, etc.

Ste 250

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

4. FEI Number

59-3313264

Applied For

Not Applicable

Zip

32204-3321

Country

Duval

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANSON, KARL B JR.
50 N. LAURA ST.
SUITE 2800
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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

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	P	<input type="checkbox"/> Delete
NAME	BRESLIN, GEORGE	
STREET ADDRESS	1550 N. ELLIS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCOTT, CARYN	
STREET ADDRESS	7883 PALOMINO TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Breslin, George	
STREET ADDRESS	1107 myra St Ste 250	
CITY-ST-ZIP	Jacksonville, FL 32204-3321	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott, Caryn	
STREET ADDRESS	1107 myra St. Ste 250	
CITY-ST-ZIP	Jacksonville, FL 32204-3321	
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		

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:

Caryn Scott REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/04/00

904-353-7233

Date

Daytime Phone #