2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 08:00 AM
Secretary of State

DOCUMENT # **P95000037562**

1. Entity Name
GREER CAPITAL MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
218 ROYAL PALM WAY	218 ROYAL PALM WAY
100	100
PALM BEACH FL	PALM BEACH FL
33480 US	33480 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0579226 ☐ 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
JONES,FOSTER,JOHNSTON & STUBBS PA 505 S FLAGLER DRIVE STE 1100 SUTIE 500 EAST W PALM BEACH FL 33401 US	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 _____ 05/02/2001
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE	D		TITLE	D	
NAME	SMITH ANDREW LJR		NAME	THURSTON DOC JIII	
STREET ADDRESS	2143 MINTO ROAD		STREET ADDRESS	2417 RED FOX TRAIL	
CITY-ST-ZIP	BOYNTON BCH FL 33480		CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	DSVP	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	BLACKMON M G		NAME	BLACKMON M G	
STREET ADDRESS	832 FOREST GLEN LN		STREET ADDRESS	832 FOREST GLEN LN	
CITY-ST-ZIP	WPB FL 33414		CITY-ST-ZIP	WPB FL 33414	
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	PENDERGAST GERARD J.		NAME	PENDERGAST GERARD J.	
STREET ADDRESS	576 E RAMBLING DR		STREET ADDRESS	576 E RAMBLING DR	
CITY-ST-ZIP	W PALM BEACH FL		CITY-ST-ZIP	W PALM BEACH FL 33414	
TITLE	DVAS	☐ Delete	TITLE	DP	☒ Change ☐ Addition
NAME	KEMBLE WILLIAM T JR		NAME	KEMBLE WILLIAM T JR	
STREET ADDRESS	206 CARRIBEAN RD		STREET ADDRESS	206 CARRIBEAN RD	
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	BREKUS GORDON L.		NAME	BREKUS GORDON L.	
STREET ADDRESS	120 DUNBAR RD		STREET ADDRESS	120 DUNBAR RD	
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DCEO	☐ Delete	TITLE	DCST	☒ Change ☐ Addition
NAME	GREER J. BRADFORD		NAME	GREER J. BRADFORD	
STREET ADDRESS	133 FORESTER CT		STREET ADDRESS	133 FORESTER CT	
CITY-ST-ZIP	W PALM BEACH FL		CITY-ST-ZIP	W PALM BEACH FL 33414	

CR2E034 (11/00)

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: J. Bradford Greer DCST 05/02/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #