

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006206

1. Entity Name

GREENLEAVES AND GRASS, INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90037 045 ***150.00

Principal Place of Business

Mailing Address

6250 42ND ST N
#19
PINELLAS PARK FL 33781
US

6250 42ND ST N
#19
PINELLAS PARK FL 33781-6047
US

2. Principal Place of Business

7709 Gibraltar Ct.

3. Mailing Address

7709 Gibraltar Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Petersburg FL

City & State

St Petersburg FL

4. FEI Number

59-3361191

Applied For

Not Applicable

Zip

33709

Country

Pinellas

Zip

33709

Country

Pinellas

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

LAUBACH, TIMOTHY C ESQ
1218 MOUNT VERNON STREET
ORLANDO FL

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
CASEY, WILLIAM D
7041 GRAND NATIONAL DRIVE #230
ORLANDO FL 32819 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
AMRHEIN, JAMES A
3720 76TH ST N #302
ST. PETERSBURG FL 33710 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.S.T.D
Amrhein James A.
7709 Gibraltar Ct.
St Petersburg FL 33709 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)