

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90223 040 ***550.00

DOCUMENT # P97000041035

1. Entity Name

GREENLAND COMMERCE CENTER, INC.

Principal Place of Business

Mailing Address

4225 SAN JOSE BOULEVARD
 JACKSONVILLE FL 32207

4225 SAN JOSE BOULEVARD
 JACKSONVILLE FL 32207-6342

2. Principal Place of Business

Karen K. McTiernan

3. Mailing Address

10014 Vineyard Lake Rd E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Fla.

City & State

Jacksonville, Fl.

4. FEI Number

59-3453127

Applied For

Not Applicable

Zip

32256

Country

USA

Zip

32256

Country

USA

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, JAMES D
 4225 SAN JOSE BOULEVARD
 JACKSONVILLE FL 32207

Name *Karen K McTiernan*

Street Address (P.O. Box Number is Not Acceptable)
10014 Vineyard Lake Rd E.

City *Jacksonville*

FL

Zip Code *32256*

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 *JAMES D. KREIS*

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

(NOTE: Registered Agent Signature required when reinstating)

Karen K McTiernan (Secy/Tras)

6-14-00

8-19-00

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 **D** Delete
 NAME **KREIS, JOHN R II**
 STREET ADDRESS **516 LOVELAND PLACE**
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE Change Addition
 NAME *Kreis, John R, II*
 STREET ADDRESS *9867 Scott Mill Rd.*
 CITY-ST-ZIP *Jacksonville, Fla. 32257*

TITLE **PD** Delete
 NAME **KREIS, JAMES D**
 STREET ADDRESS **4225 SAN JOSE BOULEVARD**
 CITY-ST-ZIP **JACKSONVILLE FL-32207**

TITLE Change Addition
 NAME *KREIS, JAMES D.*
 STREET ADDRESS *6735 MADRID AVE*
 CITY-ST-ZIP *JACKSONVILLE, FL-32217*

TITLE **D** Delete
 NAME **MCTIERNAN, KAREN M K.**
 STREET ADDRESS **10014 VINEYARD LAKE RD., E.**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE Change Addition
 NAME *McTiernan, Karen K*
 STREET ADDRESS *10014 Vineyard Lake Rd E.*
 CITY-ST-ZIP *Jax, Fl. 32256*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(l), 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: *Karen K McTiernan (Secy/Tras)*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen K McTiernan *8-19-00* *(904)538-9079*
 Date Daytime Phone #

CR2E034 (9/99)