

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046796

1. Entity Name

GREENS CONDITION, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90256 009 \*\*\*150.00

Principal Place of Business

12235 AUGUSTA WOODS CIRCLE  
ORLANDO FL 32824

Mailing Address

12235 AUGUSTA WOODS CIRCLE  
ORLANDO FL 32824-9051

2. Principal Place of Business

6747 WHISPERING PINES RD

3. Mailing Address

6747 WHISPERING PINES RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3450208

Applied For

Not Applicable

Zip

32824

Country

Zip

32824

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

BALLARD, F G

12235 AUGUSTA WOODS CIRCLE  
ORLANDO FL 32824

Name

Street Address (P.O. Box Number is Not Acceptable)

6747 WHISPERING PINES RD.

City  
ORLANDO

FL

Zip Code  
32824

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 *(x) F G Ballard*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*(x) 4-25-00*  
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 ☐ Delete  
NAME **P BALLARD, F GRANT**  
STREET ADDRESS **12235 AGUSTA WOODS CIRCLE**  
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6747 WHISPERING PINES RD.**  
CITY-ST-ZIP **ORLANDO, FL 32824**

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  
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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)(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: *(x) F G Ballard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*(x) 4-25-00* *407-8546318*  
Date Daytime Phone #

CR2E034 (9/99)