

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000052714

1. Entity Name

ANDERSON GREENE ENTERTAINMENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1897 Gallop Dr.
Suite, Apt. #, etc.

3. Mailing Address

1897 Gallop Dr.
Suite, Apt. #, etc.

City & State

Loxahatchee, FL

City & State

Loxahatchee, FL

Zip

33470

Country

USA

Zip

33470

Country

USA

4. FEI Number

65-0775818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOAN FREEDMAN

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

5710 SANTIAGO CIR.

City

BOCA RATON

FL

Zip Code

33433

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D. Joan Freedman	5710 Santiago Cir.	Boca Raton, FL 33433				
	D. W. Anderson Greene	529 Michigan Ave #1	Miami Beach, FL 33139				
	D. Bonnie Binnicker	1897 Gallop Dr.	Loxahatchee, FL 33470				

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonnie Binnicker

Date

4/29/02

Daytime Phone #

561. 798.
2701