

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91443 045 \*\*\*150.00

**DOCUMENT # P97000052714**

**1. Entity Name**  
**ANDERSON GREENE ENTERTAINMENT, INC.**



**Principal Place of Business**  
**1897 GALLOP DRIVE**  
**LOXAHATCHEE FL 33470**  
**US**

**Mailing Address**  
**1897 GALLOP DRIVE**  
**LOXAHATCHEE FL 33470**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-0775818**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FREEDMAN, JOAN**  
**5710 SANTIAGO CIRCLE**  
**BOCA RATON FL 33433**

Name **Joan Freedman**  
Street Address (P.O. Box Number is Not Acceptable)  
**802 NW 1<sup>st</sup> Avenue**  
City **Delray Beach FL** Zip Code **33444**

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/28/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
NAME **FREEDMAN, JOAN**  
STREET ADDRESS **5710 SANTIAGO CIRCLE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D** ☒ Change ☐ Addition  
NAME **Joan Freedman**  
STREET ADDRESS **802 NW 1<sup>st</sup> Avenue**  
CITY-ST-ZIP **Delray Beach, FL 33444**

TITLE **D** ☐ Delete  
NAME **GREENE, W. ANDERSON**  
STREET ADDRESS **529 MICHIGAN AVE #1**  
CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

TITLE **D** ☐ Delete  
NAME **BINNICKER, BONNIE**  
STREET ADDRESS **1897 GALLOP DRIVE**  
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/03 561 798-2701**

Date Daytime Phone #

CR2E034 (10/02)