

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059219

1. Entity Name

GREENSIDE FOODS, INC.

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90219 045 ***150.00

Principal Place of Business

Mailing Address

~~3200 G. HAWASSEE RD #205~~
~~ORLANDO FL 32835~~

16301 PHIL RITSON WAY
WINTER GARDEN FL 34787-9177
US

2. Principal Place of Business

16301 Phil Ritson Way

Suite, Apt. #, etc.

3. Mailing Address

1630

Suite, Apt. #, etc.

City & State

Winter Garden FL

City & State

Zip

34787

Country

USA

Country

4. FEI Number

59-3461578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 - Additional Fee Required

6. Name and Address of Current Registered Agent

NEUKAMM, MICHAEL E
201 E. PINE ST., STE. 1200
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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 ☐ Delete
NAME D
STREET ADDRESS CASEY, PATRICK V
CITY-ST-ZIP 5949 CHESAPEAKE PARK
ORLANDO FL 32819

TITLE ☐ Delete
NAME VP
STREET ADDRESS HARMAN, DAVID
CITY-ST-ZIP P O BOX 150 N/A
GOTHA FL 34734

TITLE ☐ Delete
NAME ST
STREET ADDRESS GUNTER, STEVE
CITY-ST-ZIP 2631 RANGELEY CT
ORLANDO FL 32835

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

014 (904)