

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095550

1. Entity Name

GREENWAY VENTURES, INC.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90057 001 \*\*\*150.00

Principal Place of Business

11217 SAN JOSE BLVD  
JACKSONVILLE FL 32223  
US

Mailing Address

11217 SAN JOSE BLVD  
JACKSONVILLE FL 32223-7230  
US

2. Principal Place of Business

3030 Hartley Road

Suite, Apt. #, etc.

Suite 100

City & State

Jacksonville, Florida

Zip

32257

Country

Duval

3. Mailing Address

3030 Hartley Road

Suite, Apt. #, etc.

Suite 100

City & State

Jacksonville, Florida

Zip

32257

Country

Duval

4. FEI Number

59-3486362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NEWTON, CLIFFORD B  
10192 SAN JOSE BOULEVARD  
JACKSONVILLE FL 32257

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  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
HUTSON, DAVID W  
11217 SAN JOSE BLVD  
JACKSONVILLE FL 32223

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HINSON, DONALD P  
11217 SAN JOSE BLVD  
JACKSONVILLE FL 32223

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
HUTSON, NANCY  
11217 SAN JOSE BLVD  
JACKSONVILLE FL 32223

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
COX, ELINORE C  
11217 SAN JOSE BLVD  
JACKSONVILLE FL 32223

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  
3030 Hartley Road, Suite 100  
Jacksonville, Florida 32257

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3030 Hartley Road Suite 100  
Jacksonville, Florida 32257

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3030 Hartley Road, Suite 100  
Jacksonville, Florida 32257

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3030 Hartley Road, Suite 100  
Jacksonville, Florida 32257

TITLE ☐ Change ☐ Addition

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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Elinore C. Cox*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00  
Date

904/262-7718  
Daytime Phone #

CR2E034 (9/99)