## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Jan 23, 2001 8:00 am Secretary of State DOCUMENT # **P97000095550** 1. Entity Name GREENWAY VENTURES, INC. 01-23-2001 90097 017 \*\*\*150.00 Principal Place of Business Mailing Address 3030 HARTLEY ROAD 3030 HARTLEY ROAD SUITE 100 SUITE 100 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3486362 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEWTON, CLIFFORD B Street Address (P.O. Box Number is Not Acceptable) 10192 SAN JOSE BOULEVARD JACKSONVILLE FL 32257 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CE<sub>0</sub> TITLE Delete TITLE ☐ Addition NAME HUTSON, DAVID W NAME STREET ADDRESS 3030 HARTLEY ROAD SUITE 100 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32257 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HINSON, DONALD P NAME STREET ADDRESS 3030 HARTLEY ROAD SUITE 100 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition **HUTSON, NANCY** NAME NAME STREET ADDRESS STREET ADDRESS 3030 HARTLEY ROAD SUITE 100 CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition COX. ELINORE C NAME NAME STREET ADDRESS 3030 HARTLEY ROAD SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32257 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR