

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000016121

1. Entity Name

EVERGREEN BROKERAGE, INC.

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90031 030 \*\*\*150.00

Principal Place of Business

Mailing Address

247 EAST 7TH AVENUE  
TALLAHASSEE FL 32303247 EAST 7TH AVENUE  
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 59-3499748

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRETT, DAVID A  
111 SOUTH MONROE  
SUITE 3000  
TALLAHASSEE FL 32301

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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME LYNN, R K  
STREET ADDRESS 247 EAST 7TH AVENUE  
CITY-ST-ZIP TALLAHASSEE FL 32303TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VPS ☐ Delete  
NAME GARRETT, DAVID A  
STREET ADDRESS 111 S MONROE STE 3070  
CITY-ST-ZIP TALLAHASSEE FL 32301TITLE ☒ Change ☐ Addition  
NAME BARRETT, DAVID A.  
STREET ADDRESS  
CITY-ST-ZIPTITLE T ☐ Delete  
NAME LYNN, DEBORAH L  
STREET ADDRESS 247 E 7TH AVE  
CITY-ST-ZIP TALLAHASSEE FL 32303TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ 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 #

CR2E034 (10/00)