

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026343

1. Entity Name

GREEN & KUPPERMAN, INC.

Principal Place of Business

Mailing Address

P O BOX 330588
ATLANTIC BEACH FL 32233

P O BOX 330588
ATLANTIC BEACH FL 32233-0588

2. Principal Place of Business

200 FIRST STREET, SUITE B

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEPTUNE BEACH, FL

City & State

SAME

Zip

32266

Country

USA

Zip

Country

4. FEI Number

59-3503330

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SACK, MARTIN JR
2064 PARK ST
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name

SUSAN GREEN

Street Address (P.O. Box Number is Not Acceptable)

200 FIRST STREET
SUITE B

City

Neptune Beach

FL

Zip Code

32266

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/2000

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 PD
NAME KUPPERMAN, GREG S.
STREET ADDRESS 200 N. 1ST ST FIRST STREET, Suite B
CITY-ST-ZIP NEPTUNE BEACH FL 32266 ☐ Delete

TITLE STD
NAME GREEN, SUSAN E.
STREET ADDRESS 200 N. 1ST ST. First Street, Suite B
CITY-ST-ZIP NEPTUNE BEACH FL 32266 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Susan Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2000

Date

Daytime Phone

(904) 241-6611

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90156 001 ***150.00

04-20-2000 90156 002 *****8.75

8611



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)