

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000093036**

1. Entity Name
EVERGREEN HOLDINGS, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90092 032 ***558.75

Principal Place of Business
4348 SOUTHPOINT DR
JACKSONVILLE FL 32216

Mailing Address
4348 SOUTHPOINT DR
JACKSONVILLE FL 32216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4348 Southpoint Blvd.
Suite, Apt. #, etc. **Suite 230**
City & State **Jacksonville, FL**

3. Mailing Address
4348 Southpoint Blvd.
Suite, Apt. #, etc. **Suite 230**
City & State **Jacksonville, FL**

4. FEI Number **59-3540880** Applied For
Not Applicable

Zip **32216** Country **DUAL** Zip **32216** Country **DUAL**

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

6. Name and Address of Current Registered Agent
HANNA, NANCY L
6601 SOUTHPOINT DRIVE NORTH
SUITE 300
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4348 Southpoint Blvd.
Suite 230
City **Jacksonville** **FL** Zip Code **32216**

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 **Nancy L. Hanna, Sec/Treas. 8/7/00**
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input type="checkbox"/> Delete
NAME	GREEN, ALAN J	
STREET ADDRESS	6601 SOUTHPOINT DRIVE NORTH, #300	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, EDWARD L	
STREET ADDRESS	4655 SALISBURY ROAD, #350	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HANNA, NANCY L	
STREET ADDRESS	6601 SOUTHPOINT DR, #300	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4348 Southpoint Blvd, Suite 400	
STREET ADDRESS	Jacksonville, FL 32216	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4348 Southpoint Blvd, Suite 230	
STREET ADDRESS	Jacksonville, FL 32216	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4348 Southpoint Blvd, Suite 400	
STREET ADDRESS	Jacksonville, FL 32216	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Nancy L. Hanna, Sec./Treas. 8/7/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (5/00)