

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034302

1. Entity Name
GREENBRIAR GREETINGS, INC.

R

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90004 027 ***150.00

Principal Place of Business
5429 BURNT HICKORY DR.
VALRICO FL 33594

Mailing Address
5429 BURNT HICKORY DR.
VALRICO FL 33594

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 3571690

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

MOLINARO, THERESA M
5429 BURNT HICKORY DR.
VALRICO FL 33594

Name
MOLINARO, LEONARD C

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

5429 BURNT HICKORY DR.

City
VALRICO

FL

Zip Code
33594

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: *Leonard C. Molinaro* LEONARD C. MOLINARO, PRES., 8/30/2000
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MOLINARO, THERESA M 5429 BURNT HICKORY DR. VALRICO FL 33594	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MOLINARO, LEONARD C 5429 BURNT HICKORY DR. VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

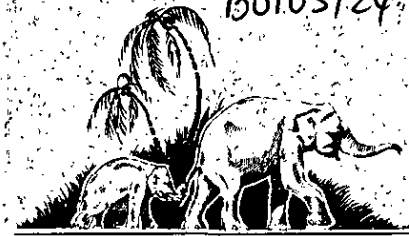
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Leonard C. Molinaro* LEONARD C. MOLINARO 8/30/2000 813-655-6460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

Attachment doc #
p99000034302
B0105124



Elephant House®

Fine Greeting Cards™

September 2, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Uniform Business Reporting – Greenbriar Greetings, Inc. – Document #
P99000034302

To Whom It May Concern:

As per an August 31, 2000 telephone conversation with someone on your staff I am enclosing a check for \$150.00 to pay the fee for the Uniform Business Reporting requirements. As stated during my telephone conversation I did not receive a first notice of payment, therefore I was not aware of the liability.

Sincerely,

Leonard C. Molinaro
Greenbriar Greetings, Inc.
5429 Burnt Hickory Dr.
Valrico, FL 33594

Authorized Distributor for Elephant House, Inc.

1-800-SAY-CARD
www.elephanthouse.com

Greenbriar Greetings, Inc.

5429 Burnt Hickory Drive
Valrico, Florida 33594
Tel: 813-340-0298
Fax: 813-684-2712