2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P99000038394 May 09, 2000 8:00 am Secretary of State GREEN ACRES REALTY GROUP, INC. 05-09-2000 90139 048 ***150.00 Mailing Address Principal Place of Business -0-11 5550 15TH ST. E. 5550 15TH ST. F. **BRADENTON FL 34203 BRADENTON FL 34203-5952** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0927261 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MATTHEWS, TERENCE Street Address (P.O. Box Number is Not Acceptable) 5190 26TH ST. WEST, SUITE D **BRADENTON FL 34207** 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 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, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. P,S,T P,S,T Change Addition Delete TITLE TITLE Haney, Dayna K. Haney, Michael D. NAME NAME 5550 15th St., E. 5550 15th St., E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Bradenton, FL 34203 Bradenton, FL 34203 ☐ Addition ☐ Detete Change NAME NAME Haney, William W. STREET ADDRESS STREET ADDRESS 5550 15th Street, E. CITY-ST-ZIP CITY-ST-ZIP Bradenton, FL 34203 TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 13. I hereby certify that the information stopplied with this filling 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.