

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042199
1. Entity Name Greenwood of Alachua, Inc.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90040 040 ***150.00

Principal Place of Business
 18225 N.W. CR 239
 Alachua, Florida 32615

Mailing Address
 P.O. Box 609
 Alachua, Florida 32616

2. Principal Place of Business
 18225 N.W. CR 239

3. Mailing Address
 P.O. Box 609

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Alachua, Florida

City & State
 Alachua, Florida

4. FEI Number
 59-3591706

Applied For
 Not Applicable

Zip
 32615

Country
 Alachua

Zip
 32616

Country
 Alachua

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

6. Name and Address of Current Registered Agent

David V. Jakupko
 18225 N.W. CR 239
 Alachua, Florida 32615

7. Name and Address of New Registered Agent

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, 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 P D ☐ Delete
NAME Alfred B. Ford
STREET ADDRESS 18225 N.W. CR 239
CITY-ST-ZIP Alachua, Florida 32615

TITLE S T ☐ Delete
NAME David V. Jakupko
STREET ADDRESS 18225 N.W. CR 239
CITY-ST-ZIP Alachua, Florida 32615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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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

3/20/00

Date

(904) 462-5805

Daytime Phone #

CR2E034 (9/99)