

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046245

1. Entity Name

GREEN OAKS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90183 016 ***150.00

Principal Place of Business

1800 PICCADILLY CIRCUS
 NAPLES FL 34112

Mailing Address

1800 PICCADILLY CIRCUS
 NAPLES FL 34112-3686

2. Principal Place of Business

5556 YAHL ST.

3. Mailing Address

5556 YAHL ST.

Suite, Apt. #, etc.

SUITE C.

Suite, Apt. #, etc.

SUITE C

City & State

NAPLES, FL

City & State

NAPLES FL.

Zip

Country

34109

USA

Zip

Country

34109

USA

4. FEI Number

65-0920561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS INC
 3150 SANDY RIDGE DRIVE
 CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

ROBERT L. GREEN

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

1800 PICCADILLY CIRCUS

City

NAPLES

FL

Zip Code

34112

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. ☐

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
 NAME GREEN, ROBERT L
 STREET ADDRESS 1800 PICCADILLY CIRCUS
 CITY-ST-ZIP NAPLES FL 34112 ☐ Delete

TITLE V.P.
 NAME GLORIA L. GREEN
 STREET ADDRESS 1800 PICCADILLY CIRCUS
 CITY-ST-ZIP NAPLES FL 34112 ☐ Delete

TITLE SEC
 NAME SHELL S. GREEN
 STREET ADDRESS 1800 PICCADILLY CIRCUS
 CITY-ST-ZIP NAPLES FL 34112 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 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

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

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

ROBERT L. GREEN 2-22-00

Date

Daytime Phone #

941-566-7006

CR2E034 (9/99)