## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Aug 22, 2001 8:00 am E Secretary of State **DOCUMENT #** P99000057859 1. Entity Name GREENEHOUSE MANAGEMENT, INC. 08-22-2001 90001 042 \*\*\*550.00 Principal Place of Business Mailing Address 924 SLIGH BLVD. P.O. BOX 151234 ORLANDO FL 32801 ALTAMONTE SPRINGS FL 32715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3584734 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent --- 7. Name and Address of New Registered Agent----Name GREENE. FORREST ALLAN Street Address (P.O. Box Number is Not Acceptable) 924 SLIGH BLVD. ORLANDO FL 32801 City Zip Code FL 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition GREENE, FORREST ALLAN NAME STREET ADDRESS 928 LAKE MARION DRIVE STREET ADDRESS CITY-ST-7IP **ALTAMONTE SPRINGS FL 32701** CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME GREENE, KELLY B NAME STREET ADDRESS 928 LAKE MARION DRIVE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME HANSON, JEFFREY S NAME STREET ADDRESS 15 SOUTH ORANGE AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied 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 eport 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 of 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 extendent with an address, with all other like empowered.

SIGNATURE

SIGNATURE

ALANGER SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

16/01 407.979.4970 Davime Phone #