

# 2002 UNIFORM BUSINESS REPORT (UBR)

044781 AV

DOCUMENT # P99000074540

1. Entity Name  
BKW-GREENACRES, INC.

FILED

02 APR 11 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

360 CENTRAL AVENUE  
ST PETERSBURG FL 33701

Mailing Address

360 CENTRAL AVENUE  
ST PETERSBURG FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3595829

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

SOUTHEY, ROBERT G  
360 CENTRAL AVENUE  
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name Snyder, David B.

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

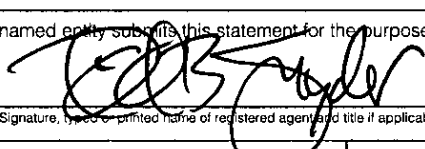
360 Central Ave.

City St. Petersburg,

FL

Zip Code 33701

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  David B. Snyder, Esq. 3/15/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC  
NAME MENKE, ROBERT M  
STREET ADDRESS 360 CENTRAL AVENUE  
CITY-ST-ZIP ST PETERSBURG FL 33701 ☐ Delete

TITLE AS  
NAME Haire, Nancy C.  
STREET ADDRESS 360 Central Ave.  
CITY-ST-ZIP St. Petersburg, FL 33701 ☐ Change ☒ Addition

TITLE D  
NAME MEEHAN, DAVID K  
STREET ADDRESS 360 CENTRAL AVENUE  
CITY-ST-ZIP ST PETERSBURG FL 33701 ☐ Delete

TITLE AS  
NAME Southey, Robert G.  
STREET ADDRESS 360 Central Ave.  
CITY-ST-ZIP St. Petersburg, FL 33701 ☐ Change ☒ Addition

TITLE DV  
NAME MENKE, ROBERT G  
STREET ADDRESS 360 CENTRAL AVENUE  
CITY-ST-ZIP ST PETERSBURG FL 33701 ☒ Delete

TITLE S, VP  
NAME Snyder, David B.  
STREET ADDRESS 360 Central Ave.  
CITY-ST-ZIP St. Petersburg, FL 33702 ☐ Change ☒ Addition

TITLE DT  
NAME HUSSEMAN, EDWIN C  
STREET ADDRESS 360 CENTRAL AVENUE  
CITY-ST-ZIP ST PETERSBURG FL 33701 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 500005389705--9  
CITY-ST-ZIP -04/30/02--01020--001  
\*\*\*7972.75 \*\*\*\*150.00

TITLE DS  
NAME DELANO, G. KRISTIN  
STREET ADDRESS 360 CENTRAL AVENUE  
CITY-ST-ZIP ST PETERSBURG FL 33701 ☒ Delete

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

TITLE P  
NAME KURCAN, STEVEN K  
STREET ADDRESS 360 CENTRAL AVENUE  
CITY-ST-ZIP ST PETERSBURG FL 33701 ☐ Delete

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:  Nancy C. Haire 3/15/02 727 823-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary

Date

Daytime Phone #

CR2E034 (9/01)