

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093912

1. Entity Name

PLEASANTON, GREENHILL & ASSOCIATES, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90076 038 ***150.00

Principal Place of Business

1840 FOREST HILL BOULEVARD
SUITE 205
WEST PALM BEACH FL 33406

Mailing Address

1840 FOREST HILL BOULEVARD
SUITE 205
WEST PALM BEACH FL 33406

00001513



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

120 South Olive Avenue
Suite, Apt. #, etc.
Ste. 601

3. Mailing Address

120 South Olive Avenue
Suite, Apt. #, etc.
Ste. 601

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number 65-0959121

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

33401

Country

USA

Zip

33401

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLEASANTON, DAVID F
1840 FOREST HILL BOULEVARD
SUITE 205
WEST PALM BEACH FL 33406

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, 2001 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	GREENHILL, MICHAEL	579 GUAVA COURT	WELLINGTON FL 33414	<input type="checkbox"/>
STD	PLEASANTON, ANN MARIE	26 BELLA VISTA AVENUE	LAKE WORTH FL 33460	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Ann Marie Pleasanton

Date

1/6/00

Daytime Phone #

(561) 833-7811

CR2E034 (10/00)