

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105380

1. Entity Name

ALAN I. GREENE INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90208 013 ***150.00

Principal Place of Business 5410 N. HIGHLAND AVENUE TAMPA FL 33604	Mailing Address 5410 N. HIGHLAND AVENUE TAMPA FL 33604
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	
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Zip	Country	Zip	Country
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4. FEI Number 59-3639843	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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GREENE, ALAN I
5410 N. HIGHLAND AVENUE
TAMPA FL 33604

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)	<input checked="" type="checkbox"/>	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:	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENE, ALAN I		NAME		
STREET ADDRESS	5410 N. HIGHLAND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33604		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DATSKO, DIANA		NAME		
STREET ADDRESS	5410 N. HIGHLAND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33604		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENE, M. TODD		NAME		
STREET ADDRESS	5410 N. HIGHLAND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33604		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENE, STEPHEN K		NAME		
STREET ADDRESS	5410 N. HIGHLAND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33604		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: <i>Alan I. Greene</i>	ALAN I. GREENE	4-28-00 (813)231-4699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
		Daytime Phone #