

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90036 023 ***150.00

DOCUMENT # P99000105380

1. Entity Name
ALAN I. GREENE INC.

Principal Place of Business
5410 N. HIGHLAND AVENUE
TAMPA FL 33604

Mailing Address
5410 N. HIGHLAND AVENUE
TAMPA FL 33604

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3639843**

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

7. Name and Address of New Registered Agent

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)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	GREENE, ALAN I
STREET ADDRESS	5410 N. HIGHLAND AVENUE
CITY-ST-ZIP	TAMPA FL 33604
TITLE	D <input type="checkbox"/> Delete
NAME	DATSKO, DIANA
STREET ADDRESS	5410 N. HIGHLAND AVENUE
CITY-ST-ZIP	TAMPA FL 33604
TITLE	D <input type="checkbox"/> Delete
NAME	GREENE, M. TODD
STREET ADDRESS	5410 N. HIGHLAND AVENUE
CITY-ST-ZIP	TAMPA FL 33604
TITLE	D <input type="checkbox"/> Delete
NAME	GREENE, STEPHEN K
STREET ADDRESS	5410 N. HIGHLAND AVENUE
CITY-ST-ZIP	TAMPA FL 33604
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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:

Alan I. Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ALAN I. GREENE 4-25-02 (813) 231-4699**
Date **Daytime Phone #**

CR2E034 (9/01)