

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S65041

1. Entity Name

R.J. GREENACRES, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90147 039 ***150.00

Principal Place of Business

5835 LAKE WORTH ROAD
GREENACRES CITY FL 33463

Mailing Address

5835 LAKE WORTH ROAD
GREENACRES CITY FL 33463-3209

C0068333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7656 BRIDLINGTON DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOYNTON BEACH FL

4. FEI Number

65-0287524

Applied For

Not Applicable

Zip

Country

Zip

Country

33437

PALM BEACH

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

JULYIA, RICHARD M.

5835 LAKE WORTH ROAD
GREENACRES CITY FL 33463

Name

JULYIA RICHARD M.

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

7656 BRIDLINGTON DR

BOYNTON BEACH FL 33437

City

BOYNTON BEACH

FL

Zip Code

33437

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 RICHARD JULYIA Richard Julyia 4-12-00

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, 2000 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	PVS	<input checked="" type="checkbox"/> Delete
NAME	JULYIA, RICHARD	
STREET ADDRESS	5835 LAKE WORTH RD	
CITY-ST-ZIP	GREENACRES CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JULYIA, RICHARD	
STREET ADDRESS	5835 LAKE WORTH RD	
CITY-ST-ZIP	GREENACRES CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULYIA RICHARD	
STREET ADDRESS	7656 BRIDLINGTON DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULYIA RICHARD	
STREET ADDRESS	7656 BRIDLINGTON DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: RICHARD JULYIA 4-12-00 561 7347496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)