

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0601465 AV

DOCUMENT # V14819

1. Entity Name
GREENHAVEN OF JASPER, INC.



FILED

03 MAY -5 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
678 W. BAY ST.
WINTER GARDEN FL 34787

Mailing Address
678 W. BAY ST.
WINTER GARDEN FL 34787

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3110947

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHENS, TONI G.
678 W. BAY ST.
WINTER GARDEN FL 34787

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **STEPHENS, TONI G.**
STREET ADDRESS **678 W. BAY ST.**
CITY-ST-ZIP **WINTER GARDENS FL**

TITLE ☐ Change ☐ Addition
NAME **000018955640**
STREET ADDRESS **05/14/03--01071--014 **605.00**
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **GREENE, MICHAEL S.**
STREET ADDRESS **1613 FRANCES AVE.**
CITY-ST-ZIP **FT. PIERCE FL**

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

TITLE **ST** ☐ Delete
NAME **GREENE, CLAUDE L.**
STREET ADDRESS **678 W. BAY ST.**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 4076586226

Date

Daytime Phone #

CR2E034 (10/02)