

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
 05-17-2000 90920 034 ***150.00

DOCUMENT # V15763

1. Entity Name

DON GREEN CO., INC.

Principal Place of Business

% RICHARD G. HATHAWAY
 8221-12 SOUTH SIDE BLVD.
 JACKSONVILLE FL 32256
 US

Mailing Address

PO BOX 551165
 JACKSONVILLE FL 32255-1165

2. Principal Place of Business

12121 PHILLIPS HIGHWAY
 Suite, Apt. #, etc.

3. Mailing Address

9104 CYPRESS GREEN DRIVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3126292

Applied For

Not Applicable

Zip

32256

Country

USA

Zip

32256

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HATHAWAY, RICHARD G.
 10151 DEERWOOD PK BLVD.
 BLDG 100 STE 200
 JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

GARY B. TULLIS

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

9104 CYPRESS GREEN DRIVE

City

JACKSONVILLE

FL

Zip Code

32256

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

GARY B. TULLIS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-26-00

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

TITLE **PST** ☐ Delete
 NAME **GREEN, BARBARA**
 STREET ADDRESS **8221-12 SOUTHSIDE BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Delete
 NAME **HNATOW, JANETTE**
 STREET ADDRESS **6012 COUNTRY CLUB DR.**
 CITY-ST-ZIP **EDMOND OK 73003**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ 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:

Barbara Green
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Green PST 904-992-3857
 Date Daytime Phone #

CR25234 (0/00)