

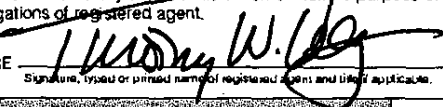
AMENDED - AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 AUG 20 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V50614					
1. Entity Name GREENSTREET OF FLORIDA, INC.					
Principal Place of Business 1924 SOUTH OSPREY AVENUE SUITE 202 SARASOTA, FL 34239 US			Mailing Address PO BOX 1329 SARASOTA, FL 34230 US		
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 65-0343944	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAUGHAN-BIRCH, L. NORMAN 720 S. ORANGE AVE. SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Timothy W. Volpe, Esq. Street Address (P.O. Box Number is Not Acceptable) 1301 Riverplace Blvd. Suite 1700 City Jacksonville FL Zip Code 32207		
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 		TIMOTHY W. VOLPE		DATE 8/15/03	
Signature, typed or printed name of registered agent and title of applicant.		(NOTE: Registered Agent's signature required when remaining)		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 NAME STREET ADDRESS CITY-ST-ZIP	DP GRIFFIN, WILLIAM D 1924 SOUTH OSPREY AVENUE, SUITE 202 SARASOTA, FL 34239 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000022546700 08/25/03--01007--022 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST SALSER, RANDAL D 1924 S OSPREY AVE SUITE 202 SARASOTA, FL 34239 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SALSEP, RANDAL D 1924 S. Osprey Ave., Suite 202 Sarasota, FL 34239 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VOLPE, TIMOTHY W. 1301 Riverplace Blvd., Suite 1700 Jacksonville, FL 32207 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Timothy W. Volpe, Secretary		DATE 8/15/03 Phone # 904/355-1700	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	

CR2E034 (10/02)

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