

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N000000002188

1. Entity Name
Green Cross Projects Incorporated

FILED
01 MAY 23 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1403-C University Center
Florida State University
Tallahassee, FL 32303

2. Principal Place of Business 3. Mailing Address
2404-C University Center

Suite, Apt. #, etc. Suite, Apt. #, etc.
Florida State University

City & State City & State
Tallahassee, FL

Zip Country Zip Country
32306-3967 USA

4. FEI Number Applied For
59-3622621 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Cherry Mills
2729 Blairstone Road
Tallahassee, FL 32301

7. Name and Address of New Registered Agent
Name Kathleen R. Regan
Street Address (P.O. Box Number is Not Acceptable) 1564 Keily Run
City Tallahassee FL Zip Code 32301

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 Kathleen R. Regan
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
Kathleen R. Regan, President
DATE May 21 2001

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	Figley, Charles R.
STREET ADDRESS	8045 Tennyson Drive
CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D <input type="checkbox"/> Delete
NAME	Fowler, Lynn
STREET ADDRESS	1025A S.W. 11th Avenue
CITY-ST-ZIP	Ocala, FL 34474
TITLE	D <input type="checkbox"/> Delete
NAME	Miller, John
STREET ADDRESS	1161 Ash Grove Loop
CITY-ST-ZIP	Creswell, OR 97426
TITLE	D <input type="checkbox"/> Delete
NAME	Mills, Sherry
STREET ADDRESS	2729 Blairstone Road
CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	D <input type="checkbox"/> Delete
NAME	Ratliff-Trotter, Karen
STREET ADDRESS	Post Office Box 364
CITY-ST-ZIP	Alcoa, TN 37701
TITLE	D <input type="checkbox"/> Delete
NAME	Raz, Sherrie
STREET ADDRESS	10531 Bexley Boulevard
CITY-ST-ZIP	Boca Raton, FL 33428

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Regan, Kathleen R.
STREET ADDRESS	1564 Keily Run
CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Joe B.
STREET ADDRESS	13603 Ravenview Drive
CITY-ST-ZIP	Choctaw, OK 73020
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000004430670-2
STREET ADDRESS	-06/19/01--01107--016
CITY-ST-ZIP	*****61.25 *****61.25
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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 617, 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: Kathleen R. Regan Kathleen R. Regan May 21, 2001 656-7158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)