

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000096570

**Entity Name:** GREENRIDGE SHOPS, INC.

**Current Principal Place of Business:**

1801 HERMITAGE BOULEVARD  
SUITE 100  
TALLAHASSEE, FL 32308

**FILED**  
**May 03, 2024**  
**Secretary of State**  
**9255692486CC**

**Current Mailing Address:**

110 N WACKER DRIVE  
SUITE 4000  
CHICAGO, IL 60606 US

**FEI Number: 81-0937583**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name SPOOK, STEPHEN A  
Address 1801 HERMITAGE BOULEVARD,  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title D  
Name HAZEN, MAUREEN M  
Address 1801 HERMITAGE BOULEVARD,  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title D  
Name FOOTE, CHAD  
Address 1801 HERMITAGE BOULEVARD,  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title P  
Name TOGNARELLI, MAURY R  
Address 110 N WACKER DRIVE  
SUITE 4000  
City-State-Zip: CHICAGO IL 60606

Title VS  
Name MCCARTHY, THOMAS D  
Address 110 N WACKER DRIVE  
SUITE 4000  
City-State-Zip: CHICAGO IL 60606

Title VT  
Name CHRISTENSEN, LAWRENCE J  
Address 191 N WACKER DRIVE, SUITE 2500  
City-State-Zip: CHICAGO IL 60606

Title VAS  
Name HUDGINS, MARK  
Address 191 N WACKER DRIVE, SUITE 2500  
City-State-Zip: CHICAGO IL 60606

Title VAT  
Name GRAY, LYNNE M  
Address 1801 HERMITAGE BOULEVARD,  
SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARK S HUDGINS**

**VICE PRESIDENT**

**05/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VAS  
Name PROCTOR, TOM  
Address 1801 HERMITAGE BOULEVARD, SUITE 100  
City-State-Zip: TALLAHASSEE FL 32308

Title VAS  
Name KELLY, THOMAS P  
Address 110 N WACKER DRIVE  
SUITE 4000  
City-State-Zip: CHICAGO IL 60606

Title VAS  
Name FAWCETT, DWIGHT P  
Address 110 N WACKER DRIVE  
SUITE 4000  
City-State-Zip: CHICAGO IL 60606