

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90031 009 ***150.00

DOCUMENT # 218410

1. Entity Name
FLORIDA SPRINGS, INC.

Principal Place of Business SAN SERVANDO AVENUE VENICE FL 33596	Mailing Address C/O WHEELER 938 SUNSET DR. VENICE FL 34285-3731
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 938 SUNSET DR.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State VENICE, FL.	City & State
Zip 34285	Country FLORIDA

4. FEI Number 59-0586102	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHEELER, MARY D
938 SUNSET DR
VENICE FL 34285

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

SIGNATURE: *Mary D Wheeler* (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
STD <input type="checkbox"/> Delete	GRISSINGER, SUSAN H 1000 CRESTWOOD DR ENGLEWOOD FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DV <input type="checkbox"/> Delete	DALEY, F M JR 10 MEADOW LANE HANOVER NH	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
PD <input type="checkbox"/> Delete	WHEELER, MARY A 938 SUNSET DRIVE VENICE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Mary D Wheeler* Date: **1-20-2000** Daytime Phone #: **941-488-2553**

CR2E034 (9/99)