

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719282

1. Entity Name

SPRING LAKE TOWERS MANAGEMENT, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90091 002 \*\*\*\*61.25

|   |   |
|---|---|
| Principal Place of Business<br>700 MIRROR TERR<br>WINTER HAVEN FL 33881<br>US | Mailing Address<br>700 MIRROR TERR NW<br>WINTER HAVEN FL 33881-2393<br>US |
|---|---|



DO NOT WRITE IN THIS SPACE

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

|                                    |   |   |
|------------------------------------|---|---|
| 4. FEI Number<br><b>59-1346829</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input checked="" type="checkbox"/> |
|------------------------------------|---|---|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**CLAUSON, BOYER**  
**700 MIRROR TERRACE NW UNIT 504**  
**WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

|                                     |  |                                    |  |
|-------------------------------------|--|------------------------------------|--|
| <b>FILE NOW:<br/>FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|-------------------------------------|--|------------------------------------|--|

10. OFFICERS AND DIRECTORS

|                |   |
|----------------|---|
| TITLE          | <b>D</b> <input type="checkbox"/> Delete              |
| NAME           | <b>RATH, JEANNE</b>                                   |
| STREET ADDRESS | <b>700 MIRROR TERRACE NW 704</b>                      |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL</b>                                |
| TITLE          | <b>SD</b> <input type="checkbox"/> Delete             |
| NAME           | <b>BLAKE, FAYE</b>                                    |
| STREET ADDRESS | <b>700 MIRROR TERR NW 503</b>                         |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL</b>                                |
| TITLE          | <b>VPD</b> <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MURCHISON, JOYE</b>                                |
| STREET ADDRESS | <b>700 MIRROR TERR NW 507</b>                         |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL</b>                                |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete              |
| NAME           | <b>SHAW, VIRGINIA</b>                                 |
| STREET ADDRESS | <b>700 MIRROR TERRACE NW #406</b>                     |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL</b>                                |
| TITLE          | <b>TD</b> <input type="checkbox"/> Delete             |
| NAME           | <b>WARWICK, LAURENCE</b>                              |
| STREET ADDRESS | <b>700 MIRROR TERR NW 110</b>                         |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL</b>                                |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete              |
| NAME           | <b>TREMBLAY, BOB</b>                                  |
| STREET ADDRESS | <b>700 MIRROR TERR NW 410</b>                         |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL</b>                                |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |
|----------------|--|
| 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 checked="" type="checkbox"/> Addition |
| NAME           | <b>VPD</b>   |
| STREET ADDRESS | <b>TREMBLAY, BOB</b>   |
| CITY-ST-ZIP    | <b>700 MIRROR TERR NW 410</b><br><b>WINTER HAVEN FL</b>                      |
| 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 checked="" type="checkbox"/> Addition |
| NAME           | <b>D</b>   |
| STREET ADDRESS | <b>SIMS, HUGO</b>  |
| CITY-ST-ZIP    | <b>700 MIRROR TERR NW 711</b><br><b>WINTER HAVEN FL</b>                      |

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: *Boyer O. Clauson* **(863)** Jan. 13, 2000 293-2922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)