

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
 05-24-2000 90031 033 ****61.25

DOCUMENT # N96000003920

1. Entity Name

SPRINGHILLS TRANSPORTATION AND BOTANICAL WATER G

Principal Place of Business

Mailing Address

**3700 N.W. 91ST STREET #A-100
 GAINESVILLE FL 32606**

**3700 N.W. 91ST STREET #A-100
 GAINESVILLE FL 32606-7306**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3405515

Applied For

Not Applicable

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

**SONTAG, SANDRA H
 3700 N.W. 91ST STREET #A-100
 GAINESVILLE FL 32606**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DST** Delete
 NAME **SONTAG, SANDRA H**
 STREET ADDRESS **13130 N.W. 39TH AVENUE**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Delete
 NAME **HAUFLER, EUGENE B**
 STREET ADDRESS **3700 N.W. 91ST STREET #A-100**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BULLARD, JAN**
 STREET ADDRESS **3000 N.W. 83RD STREET BLDG. F250**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BREITENGER, SHARON**
 STREET ADDRESS **4300 NW 89TH BLVD**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Delete
 NAME **RANKIN, LES**
 STREET ADDRESS **4300 NW 89TH BLVD**
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Eugene B. Hauler
EUGENE HAULER

5/1/00

(352)

376-3336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)