2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90004 016 ****61.25

DOCUMENT # N96000005906

1. Entity Name

NARPM CHAPTER CORPORATION - SPRING HILL CHAPTER

628185

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% SPRING HILL RENTALS, INC. 13715-LINDEN DR SPRING HILL FL 34609 US	NARPM CHAPTER CORP P.O. BOX 5944 SPRING HILL FL 34611-5944 US

2. Principal Place of Business	3. Mailing Address
c/o David R. Carter	
Suite, Apt. #, etc. 5308 Spring Hill Drive	Suite, Apt. #, etc.
City & State Spring Hill, FL	City & State
Zip 34606	Zip
Country Hernando	Country

4. FEI Number 59-3432537 ☐ 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
PLMMER, SALLY SPRING HILL REALTY INC. 13715 LINDEN DR SPRING HILL FL 34606	Name: David R. Carter Street Address (P.O. Box Number is Not Acceptable): 5308 Spring Hill Drive Spring Hill City: **FL** Zip Code: 34606

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 _____ 03/16/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

David R. Carter

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BENNETT, DONNA C/O 2178 MARINER BLVD SPRING HILL FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANKERS, SALLY C/O 4098 COMMERCIAL WAY SPRING HILL FL 34606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PLUMMER, SALLY % 1225 KASS CIRCLE SPRING HILL FL 34606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WADDELL, JAMES 9108 US HWY 19 NEW PORT RICHEY FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D BOOTH, MAXINE 8167 State Road 52 Hudson, FL 34667	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED Sally Plummer Director 3-16-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #