

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90067 015 \*\*\*\*61.25

**DOCUMENT # N98000003509**

1. Entity Name

**SPIRIT SPRINGS YOGA MISSION, INC.**

Principal Place of Business

Mailing Address

**8690 WEST LYKES TRAIL  
 HOMOSASSA FL 34448**

**8690 WEST LYKES TRAIL  
 HOMOSASSA FL 34448-5202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3545704**

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAW  
 SAHW, JANE L  
 8690 WEST LYKES TRAIL  
 HOMOSASSA FL 34448**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SHAW, JANE L	8690 W LYKES TRAIL	HOMOSASSA FL 34448	<input type="checkbox"/>
D	KIRK, SUSAN	25 SE KINGS BAY DR	CRYSTAL RIVER FL 34429	<input type="checkbox"/>
D	MOE, HELEN	9196 W HARBOR ISLE DR	CRYSTAL RIVER FL 34429	<input type="checkbox"/>
D S	THOMAS, LOLA	5 MANGROVE CR W	HOMOSASSA FL 34448	<input type="checkbox"/>
D	FIGG, LAURIE	23 CHINKAPIN CT	HOMOSASSA FL 34446	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Additor
D	Lyons, Mary	901 Venturi Ave.	Crystal River, FL 34429	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Olsen, Scott	5464 SE 34th St.	Ocala, FL 34471	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Barry, Mary Sue	49 Douglas St., Apt. 22	Homosassa, FL 34446	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DS	Olsen, Pam	5464 SE 34th St.	Ocala, FL 34471	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Hollis, Iris	1920 NW 19th St.	Crystal River, FL 34428	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane L. Shaw, Pres. 01/19/00 352-382-274

Date

Daytime Phone #