

2000 UNIFORM BUSINESS REPORT (UBR)

040787

DOCUMENT # P94000077787

1. Entity Name

HERNANDO SPRINGS CORPORATE, INC.

FILED
00 MAR 21 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1733 W FLETCHER AVE
 TAMPA FL 33612
 US

Mailing Address

1733 W FLETCHER AVE
 TAMPA FL 33612-1820
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3275132

Applied For

Not Applicable

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

WALTERS, CLIFFORD L
802 11TH ST. WEST
BRADENTON FL 34205

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

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

TITLE Delete
 NAME **PD LEVIN, RICHARD**
 STREET ADDRESS **1733 WEST FLETCHER AVENUE**
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE Change Addition
 NAME **100003195081--9**
 STREET ADDRESS **-04/04/00--01047--008**
 CITY-ST-ZIP ******150.00 ****150.00**

TITLE Delete
 NAME **VS STEVEN LEVIN**
 STREET ADDRESS **21301 POWERLINE ROAD SUITE #312**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VSD SUZANNE RICE**
 STREET ADDRESS **1733 W FLETCHER AVE**
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MARK A FERRUCCI**
 STREET ADDRESS **1209 ORANGE STREET**
 CITY-ST-ZIP **WILMINGTON DE 19801**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T LEVIN, JILL**
 STREET ADDRESS **P.O. BOX 11229 N/A**
 CITY-ST-ZIP **KNOXVILLE TN 37939**

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

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00
 Date

813-960-8154
 Daytime Phone #

CR2E034 (9/99)