

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 218410

1. Entity Name

FLORIDA SPRINGS, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90031 009 ***150.00

Principal Place of Business

Mailing Address

~~SAN SERVANDO AVENUE~~
VENICE FL 33596

C/O WHEELER
938 SUNSET DR.
VENICE FL 34285-3731

2. Principal Place of Business

3. Mailing Address

938 SUNSET DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VENICE, FL.

Zip

Country

Zip

Country

34285

FLORIDA

4. FEI Number

59-0586102

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

WHEELER, MARY D
938 SUNSET DR
VENICE FL 34285

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 of Registered Agent

(NOTE: Registered Agent signature required when reinstating)

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	STD	<input type="checkbox"/> Delete
NAME	GRISSINGER, SUSAN H	
STREET ADDRESS	1000 CRESTWOOD DR	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DALEY, F M JR	
STREET ADDRESS	10 MEADOW LANE	
CITY-ST-ZIP	HANOVER NH	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WHEELER, MARY A	
STREET ADDRESS	938 SUNSET DRIVE	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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 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 type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mary D Wheeler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-2000 941-488-2553

CR2E034 (9/99)