

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90170 025 ***150.00

DOCUMENT # 311887

1. Entity Name

SPRINGROSE INC

Principal Place of Business

979 FLAMEVINE LANE
VERO BEACH FL 32963

Mailing Address

979 FLAMEVINE LANE
VERO BEACH FL 32963-1906

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 59-1222622

5. Certificate of Status Desired ☐ \$8.75 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FROELICH, PETER G.
2976 59TH AVE
VERO BEACH FL 32966

7. Name and Address of New Registered Agent

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 Added to:

11. OFFICERS AND DIRECTORS

TITLE P
NAME FROELICH, PETER G.
STREET ADDRESS 2976 59TH AVE
CITY-ST-ZIP VERO BEACH FL 32966 ☐ Delete

TITLE T
NAME SPRINGER, JACQUELINE E
STREET ADDRESS 999 FLAMEVINE LANE
CITY-ST-ZIP VERO BEACH FL ☐ Delete

TITLE S
NAME FROELICH, MARILYN
STREET ADDRESS 2976 59TH AVE
CITY-ST-ZIP VERO BEACH FL 32966 ☐ Delete

TITLE D
NAME ROSE, EDWARD L. JR.
STREET ADDRESS 969 FLAMEVINE AVE.
CITY-ST-ZIP VERO BEACH FL 32963 ☐ Delete

TITLE D
NAME ROSE, MITZI
STREET ADDRESS 969 FLAMEVINE LANE
CITY-ST-ZIP VERO BEACH FL 32963 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter G. Froehlich
PETER G. FROELICH

2/4/00

561-231-4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #