

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 496453

1. Entity Name

GINNIE SPRINGS, INC.

Principal Place of Business

7300 NE GINNIE SPRINGS RD.
HIGH SPRINGS FL 32643

Mailing Address

7300 NE GINNIE SPRINGS RD.
HIGH SPRINGS FL 32643

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 59-1650713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLLAND, W. LANGSTON
125 - 28TH ST NO
ST PETERSBURG FL 33713

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, 2001 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

TITLE	P	☐ Delete
NAME	WRAY, BARBARA D SUGGS	
STREET ADDRESS	113 GINNIE SPRINGS RD.	
CITY - ST - ZIP	HIGH SPRINGS FL	
TITLE	VT	☒ Delete
NAME	WRAY-KLEMANS, RISA	
STREET ADDRESS	101 GINNIE SPRINGS RD.	
CITY - ST - ZIP	HIGH SPRINGS FL	
TITLE	VS	☒ Delete
NAME	JOHNSON, RHONDA W.	
STREET ADDRESS	5360 N.E. 58TH TERRACE	
CITY - ST - ZIP	HIGH SPRINGS FL	
TITLE	VP	☐ Delete
NAME	WRAY, MARK D.	
STREET ADDRESS	7600 N.E. GINNIE SPRINGS RD.	
CITY - ST - ZIP	HIGH SPRINGS FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
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

Barbara Wray Suggs BARBARA WRAY SUGGS

1/22/01

904-454-2202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91044 001 ***300.00

71916



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0472139