

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90147 036 ***150.00

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

4. FEI Number **59-1650713**

Applied For

Not Applicable

Zip

Country

Zip

Country

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:

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

Name
STONEBURNER, BERRY, & SIMMONS, P.A.

Street Address (P.O. Box Number is Not Acceptable)
841 Prudential Drive

SUITE 1400

City
Jacksonville

FL

Zip Code
32207

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE *Stacy S. Sumner* **Vice President**

4-9-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WRAY, BARBARA D SUGGS**
STREET ADDRESS **113 GINNIE SPRINGS RD.**
CITY-ST-ZIP **HIGH SPRINGS FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 607, 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: *Barbara D Suggs Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03 386 404 1362
Date Daytime Phone #

CR2E034 (10/02)