

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 586001

1. Entity Name

SPRINGTHROP, INCORPORATED

FILED

Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90153 018 ***150.00

Principal Place of Business

Mailing Address

708 MCDONALD STREET
LAKELAND FL 33803
US

708 MCDONALD STREET
LAKELAND FL 33803-1134
US

2. Principal Place of Business

8211 Timberidge Ct
Suite, Apt. #, etc.
Lakeland, Florida
City & State

3. Mailing Address

8211 Lakeland Timberidge Ct
Suite, Apt. #, etc.
Lakeland, Florida
City & State



DO NOT WRITE IN THIS SPACE

City & State

City & State

Zip
33809

Country
USA

Zip

Country
USA

4. FEI Number

59-1860529

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

SPRINGTHORPE, ROBERT
708 MCDONALD STREET
LAKELAND FL 33803

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	VPD	<input type="checkbox"/> Delete
NAME	SPRINGTHORPE, ROBERT	
STREET ADDRESS	708 MCDONALD STREET	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SPRINGTHORPE, MARILYN	
STREET ADDRESS	708 MCDONALD STREET	
CITY-ST-ZIP	LAKELAND FL 33803	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8211 Timberidge Ct	
STREET ADDRESS	Lakeland, Fl. 33809	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8211 Timberidge Ct	
STREET ADDRESS	Lakeland FL 33809	
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		

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:

Marilyn Springthorpe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00

Date

863858 7033

Daytime Phone #

CR2E034 (9/99)