

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-27-2000 90008 040 ***150.00

DOCUMENT # 694657

1. Entity Name
SPRINGBANK CORP.

Principal Place of Business 640 APEX RD SARASOTA FL 34240	Mailing Address 640 APEX RD SARASOTA FL 34240-8757
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2. Principal Place of Business 5143 Flickerfield Circle	3. Mailing Address 5143 Flickerfield Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State SARASOTA, FLORIDA	City & State SARASOTA, Florida	4. FEI Number 59-2102344	Applied For <input type="checkbox"/> Not Applicable
Zip 34231	Country USA	Zip 34231	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CHRISTIANSON, SCOTT R
63 SARASOTA CENTER BLVD
STE 107
SARASOTA FL 34240

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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAMES, E. RUSSELL		NAME SAME	
STREET ADDRESS 1891 APEX ROAD		STREET ADDRESS 5143 Flickerfield Circle	
CITY-ST-ZIP SARASOTA FL 34240		CITY-ST-ZIP SARASOTA, FL 34231	
TITLE STD	<input type="checkbox"/> Delete	TITLE SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAMES, CHRISTINE R		NAME SAME	
STREET ADDRESS 1891 APEX ROAD		STREET ADDRESS 5143 Flickerfield Circle	
CITY-ST-ZIP SARASOTA FL 34240		CITY-ST-ZIP SARASOTA, FL 34231	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *E. Russell James* (E. Russell James) 1/20/00 941-379-9401
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)