

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719282

1. Entity Name

SPRING LAKE TOWERS MANAGEMENT, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90042 025 ****61.25

0087650

Principal Place of Business

700 MIRROR TERR
WINTER HAVEN FL 33881
US

Mailing Address

700 MIRROR TERR NW
WINTER HAVEN FL 33881
US

00005726



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1346829

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

CLAUSON, BOYER
700 MIRROR TERRACE NW UNIT 504
WINTER HAVEN FL 33881

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RATH, JEANNE	
STREET ADDRESS	700 MIRROR TERRACE NW 704	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLAKE, FAYE	
STREET ADDRESS	700 MIRROR TERR NW 503	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TREMBLAY, BOB	
STREET ADDRESS	700 MIRROR TERR. NW., #410	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, VIRGINIA	
STREET ADDRESS	700 MIRROR TERRACE NW #406	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WARWICK, LAURENCE	
STREET ADDRESS	700 MIRROR TERR NW 110	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TREMBLAY, BOB	
STREET ADDRESS	700 MIRROR TERR NW 410	
CITY - ST - ZIP	WINTER HAVEN FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMS, HUGO	
STREET ADDRESS	700 MIRROR TERRACE NW 711	
CITY - ST - ZIP	WINTER HAVEN FL 33880	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEEDHAM, GENEVIEVE	
STREET ADDRESS	700 MIRROR TERRACE NW 206	
CITY - ST - ZIP	WINTER HAVEN FL 33880	

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 617, 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-2001 (863) 293-2922

CR2E037 (10/00)