

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90165 032 ***150.00

DOCUMENT # F71244

1. Entity Name

COLD SPRINGS VILLAGE, INC.

0001000J



DO NOT WRITE IN THIS SPACE

Principal Place of Business 149 BROCK STREET, P.O. BOX 100 THAMESFORD, ONTARIO NOM 2M0 CANADA	Mailing Address 149 BROCK STREET, P.O. BOX 100 THAMESFORD, ONTARIO NOM 2M0 CANADA
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number 59-2274185	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

COLD SPRINGS FINANCIAL CORPORATION
280 COUNTY RD 54
DAVENPORT FL 33837

7. Name and Address of New Registered Agent

Name: **Russell W. Divine**
 Street Address (P.O. Box Number is Not Acceptable): **24 South Orange Ave.**
 City: **Orlando** FL Zip Code: **32801**

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: DATE: **1/25/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LEROUX, GEORGE D 149 BROCK ST., BOX 100 THAMESFORD ONTARIO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRALEY, G.E. 149 BROCK STREET THAMESFORD, ONTARIO NOM-2M0	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWAN, THOMAS F 149 BROCK ST., #BOX 100 THAMESFORD, ONTARIO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTO BRILLON, M.G. 149 BROCK ST THAMESFORD, ONTARIO CA NOM-2-0	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO DULEY, CONSTANCE 11574 KENNESAW ROAD DUNNELLON FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO KOEBEL, E. JANE 149 BROCK ST THAMESFORD, ONTARIO CA NOM-2-0	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE: **1/25/00** DAYTIME PHONE #: **519-285-3940**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)