

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002753

1. Entity Name

SPRINGWOOD PARK, INCORPORATED

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90145 034 ***150.00

Principal Place of Business

Mailing Address

224 CARDINAL RIDGE ROAD
THOMASVILLE GA 31792

224 CARDINAL RIDGE ROAD
THOMASVILLE GA 31792-8842

2. Principal Place of Business

7555 BLOWSTOWN HWY

Suite, Apt. #, etc.

3. Mailing Address

716 N. CALHOUN ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE FL

Zip
32310

Country
USA

City & State

TALLAHASSEE FL

Zip
32303

Country

4. FEI Number 59-3575098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOCKWELL, SANDRA
211 E. CALL STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name J.L. ALTMAN

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

716 N. CALHOUN ST

City TALLAHASSEE

FL

Zip Code 32303

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

4-26-00

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	P	<input type="checkbox"/> Delete
NAME	MYERS, GERALD L	
STREET ADDRESS	224 CARDINAL RIDGE ROAD	
CITY-ST-ZIP	THOMASVILLE GA 31792	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAMER, DANIEL A	
STREET ADDRESS	1802 N. CARSON STREET, SUITE 212	
CITY-ST-ZIP	CARSON CITY NV 89701	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY ALTMAN

Date

Daytime Phone #

4-26-00 850.561.8715

CR2E034 (9/99)