

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2000 90145 034 ***150.00

DOCUMENT # F99000002753

1. Entity Name

SPRINGWOOD PARK, INCORPORATED

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

3. Mailing Address

7555 BLOWSTOWN HWY
 Suite, Apt. #, etc.

716 N. CALHOUN ST
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

4. FEI Number

59-3575098

Applied For

Not Applicable

Zip

32310

Country

USA

Zip

32303

Country

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

JERRY ALTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

850.561.8715

Daytime Phone #

CR2E034 (9/99)