

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002753

1. Entity Name

SPRINGWOOD PARK, INCORPORATED

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90011 031 ***150.00

Principal Place of Business

7555 BLOUNTSTOWN HWY
TALLAHASSEE FL 32310
US

Mailing Address

716 N CALHOUN ST
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3575098

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

~~ALTMAN, J L~~
~~716 N CALHOUN ST~~
~~TALLAHASSEE FL 32303~~

Name

JERRY 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]

(NOTE: Registered Agent signature required when reinstating)

DATE

04-17-01

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, 2001 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 P ☐ Delete
NAME MYERS, GERALD L
STREET ADDRESS 224 CARDINAL RIDGE ROAD
CITY-ST-ZIP THOMASVILLE GA 31792

TITLE V ☐ Change ☒ Addition
NAME JERRY ALTMAN
STREET ADDRESS 716 N. CALHOUN ST
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☒ Delete
NAME KRAMER, DANIEL A
STREET ADDRESS 1802 N. CARSON STREET, SUITE 212
CITY-ST-ZIP CARSON CITY NV 89701

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]

JERRY ALTMAN, VP

04-17-01

850-561-8225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)