

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G11056

1. Entity Name

DEVIL'S EYE SPRINGS, INC.

Principal Place of Business

7300 NE GINNIE SPRINGS ROAD
HIGH SPRINGS FL 32643
US

Mailing Address

7300 NE GINNIE SPRINGS ROAD
HIGH SPRINGS FL 32643-9102
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2236972

Applied For

Not Applicable

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

HOLLAND, W LANGSTON
125 28TH ST, NORTH
ST. PETERSBURG FL 33733

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

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	P ST	<input type="checkbox"/> Delete
NAME	SUGGS, BARBARA W	
STREET ADDRESS	113 GINNIE SPRINGS ROAD	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, RHONDA W	
STREET ADDRESS	5360 NE 58TH TERRACE	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	KLEMANS, RISA W	
STREET ADDRESS	101 GINNIE SPRINGS ROAD	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WRAY, MARK D	
STREET ADDRESS	7600 NE GINNIE SPRINGS ROAD	
CITY-ST-ZIP	HIGH SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P. ST.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUGGS, BARBARA WRAY	
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:

Barbara Wray Suggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
Date

904-454-2202
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)