

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K42630

1. Entity Name

NEWSMITH SOUTHERN, INC.

Principal Place of Business

11626 TIMBERRIDGE DR  
1904 E. BUSCH BLVD.  
TAMPA FL 33625  
US

Mailing Address

11626 TIMBERRIDGE DR.  
1904 E. BUSCH BLVD.  
TAMPA FL 33612-8666  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2915572

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

SPRAGUE, PATRICK F.  
1904 E. BUSCH BLVD.  
TAMPA FL 33612

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 ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
NEWTON, JOHN  
LANGLEY MILLS ROBERTTOWN  
LIVERSEDGE, WEST YOR

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
SPAUN, DUANE  
11626 TIMBERIDGE DR.  
TAMPA FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

T  
SPAUN, BETTY  
11626 TIMBERRIDGE DR.  
TAMPA FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

VPD  
NEWTON, ROBERT  
LANDLEY MILLS ROBERTTOWN  
LIVERSEDGE, WEST YOR

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-00 (813) 920-8600

CR2E034 (9/99)