

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90933 028 \*\*\*150.00

0025651 AV

**DOCUMENT # K59918**

1. Entity Name  
**SPRINGFIELD PRESERVATION PROPERTIES, INC.**



Principal Place of Business  
**% CECILIA BRYANT**  
**1400 PRUDENTIAL DRIVE, SUITE 7**  
**JACKSONVILLE FL 32207-8177**

Mailing Address  
**% CECILIA BRYANT**  
**1400 PRUDENTIAL DRIVE, SUITE 7**  
**JACKSONVILLE FL 32207-8177**



2. Principal Place of Business

**3320 O'CONNOR RD**

Suite, Apt. #, etc.

3. Mailing Address

**3320 O'CONNOR RD**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**JACKSONVILLE, FL**

City & State

**JACKSONVILLE, FL**

Zip

**32223**

Country

**DUVAL**

Zip

**32223**

Country

**DUVAL**

4. FEI Number

**59-2943376**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRYANT, CECILIA**  
**1400 PRUDENTIAL DR.**  
**SUITE 7**  
**JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Conrad Wehnacht*

**4/14/03**

DATE

Signature typed or printed name of registered agent and title of agent.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	WEHNACHT, CONRAD	
STREET ADDRESS	3320 O'CONNOR ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BRYANT, CECILIA	
STREET ADDRESS	4339 ORTEGA FOREST DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
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		

11. 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
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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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Conrad Wehnacht*

**4/14/03 (904) 262-4065**

Signature typed or printed name of signing officer or director  
**CONRAD WEHNACHT, PRES**

Date

Daytime Phone #

CR2E034 (10/02)