

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
03-07-2002 90153 010 ***150.00

DOCUMENT # K99289

1. Entity Name

SPRING HILL REALTY, INC.

Principal Place of Business

**13715 LINDEN DR
SPRING HILL FL 34609**

Mailing Address

**13715 LINDEN DR
SPRING HILL FL 34609**

2. Principal Place of Business

13171 SPRING HILL DR

Suite, Apt. #, etc.

3. Mailing Address

13171 SPRING HILL DR

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SPRING HILL FL

City & State
SPRING HILL

4. FEI Number
59-2956411

Applied For
☐ Not Applicable

Zip
34609

Country
USA

Zip
34609

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CARTER, DAVID
5308 SPRING HILL DR
SPRING HILL FL 34606**

7. Name and Address of New Registered Agent

Name **WENDY A KIBBIE**
Street Address (P.O. Box Number is Not Acceptable)
13171 SPRING HILL DR
City **SPRING HILL FL** Zip Code **34609**

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 W. Kibbie PSTD. DATE 2/21/02

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, 2002 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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KIBBIE, WENDY A 13715 LINDEN DR SPRING HILL FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: W. Kibbie - WENDY KIBBIE
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2/21/02 DAYTIME PHONE # 352 6P3 2257

CR2E034 (9/01)