

# 2001 UNIFORM BUSINESS REPORT (UBR)

0023189 AF

DOCUMENT # L98000003375

1. Entity Name  
SPRINGER DEVELOPMENT, L.L.C.

FILED

01 APR 23 PM 5:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5770 W. IRLO BRONSON MEMORIAL HWY. STE 142  
KISSIMMEE FL 34746

Mailing Address  
5770 W. IRLO BRONSON MEMORIAL HWY. STE 142  
KISSIMMEE FL 34746



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3560303

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPRINGER, JOHN E  
5770 W. IRLO BRONSON MEMORIAL HWY, STE 142  
KISSIMMEE FL 34746

Name STADELMAN H. JAMES

Street Address (P.O. Box Number is Not Acceptable)  
604 COURTLAND ST. Ste 100

City ORLANDO FL Zip Code 32804

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]*

2/11/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME SPRINGER, JOHN E  
STREET ADDRESS 5770 W. IRLO BRONSON MEMORIAL HWY, STE 142  
CITY-ST-ZIP KISSIMMEE FL 34746

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

11/30/01 (407) 397-1144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)