

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 05, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90011 022 \*\*\*\*50.00

**DOCUMENT # M01000002882**

1. Entity Name

**SEVEN SPRINGS ASSOCIATES, LLC**

Principal Place of Business

Mailing Address

~~601 WEST MORGAN~~  
~~JACKSONVILLE IL 62650~~

~~601 WEST MORGAN~~  
~~JACKSONVILLE IL 62650~~

2. Principal Place of Business

3. Mailing Address

**125 W. Klosterman Rd**  
Suite, Apt. #, etc.

**125 W. Klosterman Rd.**  
Suite, Apt. #, etc.

City & State

City & State

**Tarpon Springs, FL.**

**Tarpon Springs, FL**

Zip

Country

**34689**

**U.S.**

**34689**

Country

**U.S.**

4. FEI Number

**371415642**

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

Name **Michael Hayes**

Street Address (P.O. Box Number is Not Acceptable)  
**125 W. Klosterman Rd.**

City **Tarpon Springs**

**FL**

Zip Code **34689**

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

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**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR**  
**HILL, DAVID**  
**601 WEST MORGAN**  
**JACKSONVILLE IL 62650**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President mgr**  
**Michael Hayes**  
**9107 Woodridge Run Drive**  
**Tampa, Florida 33647**

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change

☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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 REQUIRED**

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

Date

Daytime Phone #

**(727) 945-0500**

CR2E083 (4/02)