

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001897

1. Entity Name

SPRINGFEST, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90043 032 ****69.75

Principal Place of Business

P O BOX 70
 PENSACOLA FL 32591
 US

Mailing Address

P O BOX 70
 PENSACOLA FL 32591
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3237865

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

PARTINGTON, BRUCE D
 125 W ROMANA ST
 PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name

Alan Bookman - ESC

Street Address (P.O. Box Number is Not Acceptable)

30 South Spring St.

City

PENSACOLA

FL

Zip Code

32501

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

Michelle Sarr

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/26/00

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	EMERSON, RALPH	
STREET ADDRESS	4755 SPANISH TRAIL	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	DT	<input type="checkbox"/> Delete
NAME	COWE, PAUL	
STREET ADDRESS	4400 MOBILE HWY	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BIELEND, BILL	
STREET ADDRESS	3914 WEST MADURA RD	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUERTA, JENNY	
STREET ADDRESS	3 W GARDENS ST, 2ND FLOOR	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PREVATTE, DONNA	
STREET ADDRESS	180 GOVERNMENTAL CENTER	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SARRA, MICHELLE	
STREET ADDRESS	4405 N PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	EO CARSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2616 N. 12th Avenue	
STREET ADDRESS	PENSACOLA, FL 32503	
CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tod Wilson	
STREET ADDRESS	17 E. Main St.	
CITY-ST-ZIP	PENSACOLA, FL 32501	
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
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 617, 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:

Michelle Sarr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/26/00

850-469-1069

CR2E037 (5/00)