

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000193

1. Entity Name

SPRUCE CREEK SUPPORT SERVICE NETWORK, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 PM 3:07

Principal Place of Business Mailing Address
34 LAZY EIGHT DRIVE 34 LAZY EIGHT DRIVE
DAYTONA BEACH FL 32124 DAYTONA BEACH FL 32124

2. Principal Place of Business 3. Mailing Address
100 CESSNA BLVD. 100 CESSNA BLVD.

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE A SUITE A

City & State City & State
DAYTONA BEACH, FL. DAYTONA BEACH, FL.

Zip Country Zip Country
32124 USA 32124 USA

4. FEI Number NOT APPLICABLE Applied For Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

DAVIS, ANNE T
201 CESSNA BLVD #4
DAYTONA BEACH FL 32124

Name DAVIS, ANNE T.
Street Address (P.O. Box Number is Not Acceptable)
100 CESSNA BLVD., SUITE A
City DAYTONA BEACH FL Zip Code 32124

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JACKIE		NAME		
STREET ADDRESS	34 LAZY EIGHT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32124		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZALL, CAROL		NAME		
STREET ADDRESS	1914 BAY LAKE WAY		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32124		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINGENFELSER, ESTELLE		NAME		
STREET ADDRESS	1807 CHANDELLE COURT		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32124		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TENNSTEDT, NANCY		NAME		
STREET ADDRESS	2537 CROSS COUNTY DR		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32124		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWMAN, ANN		NAME		
STREET ADDRESS	2498 TAXIWAY ECHO		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32124		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: SIGNATURE REQUIRED

9-21-00 904-761-9037

CR2E037 (5/00)