

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # - N98000000083

1. Entity Name

SAVE OUR SPRINGS, INC.

Principal Place of Business

1620 NESTLER
CRYSTAL SPRINGS FL 33524

Mailing Address

P.O. BOX 174
CRYSTAL SPRINGS FL 33524-0174

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

59-3486360

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

WOLFE, TERESA
1620 NESTLER
CRYSTAL SPRINGS FL 33524

Name

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

City

FL

Zip Code

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

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
NAME WOLFE, TERESA
STREET ADDRESS 1620 NESTLER
CITY-ST-ZIP CRYSTAL SPRINGS FL 33524 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME HEATH, KATHY
STREET ADDRESS 39614 COVEY AVE
CITY-ST-ZIP CRYSTAL SPRINGS FL 33524 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CD
NAME HALL, GERALDINE
STREET ADDRESS 12816 OAK ST
CITY-ST-ZIP SAN ANTONIO FL 33576 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME REED, JAN
STREET ADDRESS 6021 17TH STREET
CITY-ST-ZIP ZEPHYRHILLS FL 33540 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GRAY, JAMES
STREET ADDRESS 39615 COVEY AVE
CITY-ST-ZIP CRYSTAL SPRINGS FL 33524 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME FELICIANO, CARMON
STREET ADDRESS 2607 CRYSTAL SPRINGS RD
CITY-ST-ZIP ZEPHYRHILLS FL 33540 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90006 029 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

SIGNATURE *Teresa Wolfe* JAN 4th 2000 813-782-6715