

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State
 02-05-2001 90107 026 ****70.00

DOCUMENT # N980000000083

1. Entity Name

SAVE OUR SPRINGS, INC.

Principal Place of Business

Mailing Address

**1620 NESTLER
CRYSTAL SPRINGS FL 33524**

**P.O. BOX 174
CRYSTAL SPRINGS FL 33524**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D BRIAN WEST
140 GRACKLE
CASSELBERRY FL.
32707** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V.P. Vice President
BRAD WILLIS
140 GRACKLE
CASSELBERRY FL. 32707** ☒ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D Hilaire Putnam
39215 PARK DR.
Zephyrhills FL. 33540** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SOD MIRIAM WILLIS
140 GRACKLE
CASSELBERRY FL. 32707** ☒ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JACK CUTHBERTSON
5306 SATSUMA DR.
ZEPHYRHILLS FL 33540** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FELICIANO, CARMON
2607 CRYSTAL SPRINGS RD
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:

TERESA WOLFE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-782-6715

CR2E037 (10/00)