

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000000083

FILED  
Sep 09, 2003  
Secretary of State

Entity Name: SAVE OUR SPRINGS, INC.

## Current Principal Place of Business:

1620 NESTLER  
CRYSTAL SPRINGS, FL 33524

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 174  
CRYSTAL SPRINGS, FL 33524

## New Mailing Address:

FEI Number: 59-3486360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WOLFE, TERESA  
1620 NESTLER  
CRYSTAL SPRINGS, FL 33524

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WOLFE, TERESA  
Address: 1620 NESTLER  
City-St-Zip: CRYSTAL SPRINGS, FL 33524

Title: VD ( ) Delete  
Name: HEATH, KATHY  
Address: 39614 COVEY AVE  
City-St-Zip: CRYSTAL SPRINGS, FL 33524

Title: CD ( ) Delete  
Name: HALL, GERALDINE  
Address: 12816 OAK ST  
City-St-Zip: SAN ANTONIO, FL 33576

Title: STD ( ) Delete  
Name: WILLIOS, MIRIAM  
Address: 170 CRACKLE CT  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: GRAY, JAMES  
Address: 39615 COVEY AVE  
City-St-Zip: CRYSTAL SPRINGS, FL 33524

Title: D ( ) Delete  
Name: FELICIANO, CARMON  
Address: 2607 CRYSTAL SPRINGS RD  
City-St-Zip: ZEPHRYHILLS, FL 33540

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: WILLIS, BRAD  
Address: 170 CRACKLE CT  
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: WILLIS, MIRIAM  
Address: 170 CRACKLE CT  
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA WOLFE

P.D.

09/09/2003

Electronic Signature of Signing Officer or Director

Date