

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003509

1. Entity Name

SPRIT SPRINGS YOGA MISSION, INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90067 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

8690 WEST LYKES TRAIL  
HOMOSASSA FL 34448

8690 WEST LYKES TRAIL  
HOMOSASSA FL 34448-5202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3545704

Applied For

Not Applied

Zip

Country

Zip

Country

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

SHAW  
SAHW, JANE L  
8690 WEST LYKES TRAIL  
HOMOSASSA FL 34448

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  
P  
SHAW, JANE L  
8690 W LYKES TRAIL  
HOMOSASSA FL 34448 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Lyons, Mary  
901 Venturi Ave.  
Crystal River, FL 34429 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KIRK, SUSAN  
25 SE KINGS BAY DR  
CRYSTAL RIVER FL 34429 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Olsen, Scott  
5464 SE 34th St.  
Ocala, FL 34471 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MOE, HELEN  
9196 W HARBOR ISLE DR  
CRYSTAL RIVER FL 34429 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Barry, Mary Sue  
49 Douglas St., Apt. 22  
Homosassa, FL 34446 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D S  
THOMAS, LOLA  
5 MANGROVE CR W  
HOMOSASSA FL 34448 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D S  
Olsen, Pam  
5464 SE 34th St.  
Ocala, FL 34471 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FIGG, LAURIE  
23 CHINKAPIN CT  
HOMOSASSA FL 34446 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
Hollis, Iris  
1920 NW 19th St.  
Crystal River, FL 34428 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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

Jane L. Shaw, Pres. 01/19/00 352-382-274

Date

Daytime Phone #