2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 09, 2001 8:00 am DOCUMENT # N9800003509 Secretary of State 01-09-2001 90028 030 ****61.25 SPIRIT SPRINGS YOGA MISSION, INC. Mailing Address Principal Place of Business 8690 WEST, LYKES TRAIL 8690 WEST LYKES TRAIL 670571 HOMOSASSA FL 34448 HOMOSASSA FL 34448 **=**-4.5 3. Mailing Address 2. Principal Place of Business =:32 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. =:::: Applied For 4. FEI Number City & State City & State =---59-3545704 Not Applicable \$8.75 Additional Country Zip _ ---Zip Country 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SAHW, JANE L 8690 WEST LYKES TRAIL ≣::: HOMOSASSA FL 34448 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to \$5.00 May Be 9. Election Campaign Financing **FILE NOW:** Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ≣ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. =::: ☐ Addition CR2E037 (10/00) P/D PS ☐ Delete TITLE TITLE SHAW, JANE L 8690 W LYKES SHAW, JANE L NAME NAME TRAIL 8690 W LYKES TRAIL STREET ADDRESS STREET ADDRESS HOMOSASSA FL 34448 CiTY-ST-ZIP CITY-ST-ZIP HOMOSASSA FL 34448 X Addition VP/D ☐ Change **X**Delete TITLE TITLE HOLLIS, IRIS NAME NAME KIRK, SUSAN 1920 NW 19 ST STREET ADDRESS STREET ADDRESS 25 SE KINGS BAY DR CITY-ST-7IP 34428 CRYSTAL RIVER FLCITY-ST-ZIP CRYSTAL RIVER FL 34429 X Addition S/D Change Delete TITLE TITLE MOE. HELEN NAME OSLEN, PAMELA 1802 SW 28 ST NAME STREET ADDRESS STREET ADDRESS 9196 W HARBOR ISLE DR OCALA FL 34474 CITY-ST-ZIP CITY-ST-ZIP **CRYSTAL RIVER FL 34429** X Addition ☐ Change ☐ Delete TITLE TALLMADGE, SUE THOMAS, LOLA NAME NAME 8071 BAYHÁVEN DR STREET ADDRESS STREET ADDRESS 5 MANGROVE CR W 33776 CITY-ST-ZIP SEMINOLE FL CITY-ST-ZIP HOMOSASSA FL 34446 Addition X Delete ☐ Change TITLE TITLE BARRY MARY SUE 7664 MISS MAGGIE DR FIGG. LAURIE NAME NAME STREET ADDRESS STREET ADDRESS 23 CHINKAPIN CT FL 34448 HOMOSASSA CITY-ST-ZIP CITY-ST-7IP HOMOSASSA FL 34446 ☐ Change Addition ☐ Delete TITLE TITLE BARWICK, PATRICIA LYONS, MARY NAME NAME 10701 PINE ISLAND DR STREET ADDRESS STREET ADDRESS 901 VENTURI AVE

352-382-2744 SIGNATURE:

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.

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CRYSTAL RIVER FL 34429

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	6. Name and Address of Current	Registered Agent	<u> </u>		nd Address of New Re	Fee Requ	irea
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SAHW, JA			Street A	Street Address (P.O. Box Number is Not Acceptable)			
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JUNGOA	OUNTE VITTO		City	·········		FL Zip Ci	ode
he above	named entity submits this statement for	or the purpose of changing its	s registered office or	registered agent, or	both, in the state of Flori	da.	
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