

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 09, 2001 8:00 am**  
**Secretary of State**

01-09-2001 90028 030 \*\*\*\*61.25

**670571**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # N98000003509</b>			
1. Entity Name <b>SPIRIT SPRINGS YOGA MISSION, INC.</b>			
Principal Place of Business <b>8690 WEST LYKES TRAIL HOMOSASSA FL 34448</b>		Mailing Address <b>8690 WEST LYKES TRAIL HOMOSASSA FL 34448</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3545704</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired - <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SAHW, JANE L 8690 WEST LYKES TRAIL HOMOSASSA FL 34448</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PS SHAW, JANE L 8690 W LYKES TRAIL HOMOSASSA FL 34448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SHAW, JANE L 8690 W LYKES TRAIL HOMOSASSA FL 34448 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRK, SUSAN 25 SE KINGS BAY DR CRYSTAL RIVER FL 34429 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D HOLLIS, IRIS 1920 NW 19 ST CRYSTAL RIVER FL 34428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOE, HELEN 9196 W HARBOR ISLE DR CRYSTAL RIVER FL 34429 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D OSLEN, PAMELA 1802 SW 28 ST OCALA FL 34474 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, LOLA 5 MANGROVE CR W HOMOSASSA FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D TALLMADGE, SUE 8071 BAYHAVEN DR SEMINOLE FL 33776 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGG, LAURIE 23 CHINKAPIN CT HOMOSASSA FL 34446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY, MARY SUE 7664 MISS MAGGIE DR HOMOSASSA FL 34448 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, MARY 901 VENTURI AVE CRYSTAL RIVER FL 34429 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARWICK, PATRICIA 10701 PINE ISLAND DR SPRING HILL FL 34607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <b>SIGNATURE REQUIRED</b>		1/5/01 352-382-2744	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Data Daytime Phone #	

CR2E037 (10/00)

# 2001 UNIFORM BUSINESS REPORT (UBR)

Attachment  
D# N98000003509

0078006

CR2E037 (10/00)

DOCUMENT # N98000003509

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SPIRIT SPRINGS YOGA MISSION, INC.

Principal Place of Business  
8690 WEST LYKES TRAIL  
HOMOSASSA FL 34448

Mailing Address  
8690 WEST LYKES TRAIL  
HOMOSASSA FL 34448

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number 59-3545704  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SAHW, JANE L  
8690 WEST LYKES TRAIL  
HOMOSASSA FL 34448

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

**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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRK, SUSAN 25 SE KINGS BAY DR CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOE, HELEN 9196 W HARBOR ISLE DR CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, LOLA 5 MANGROVE CR W HOMOSASSA FL 34446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGG, LAURIE 23 CHINKAPIN CT HOMOSASSA FL 34446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYONS, MARY 901 VENTURI AVE CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSEN, SCOTT 1802 SW 28 ST OCALA FL 34474	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR