

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90023 026 ****61.25

DOCUMENT # N98000003509

1. Entity Name

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3545704**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHAW, JANE L	
STREET ADDRESS	8690 W LYKES TRAIL	
CITY-ST-ZIP	HOMOSASSA FL 34448	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	HOLLIS, IRIS	
STREET ADDRESS	1920 NW 19TH ST.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMAS, LOLA	
STREET ADDRESS	% MANGROVE CT. W.	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TALLMADGE, SUE	
STREET ADDRESS	8071 BAYHEAVEN DR.	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAZNELIS, ANTONINA	
STREET ADDRESS	7983 CHAUCER DR.	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARWICK, PATRICIA	
STREET ADDRESS	10701 PINE ISLAND DR.	
CITY-ST-ZIP	SPRING HILL FL 34607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYONS, MARY	
STREET ADDRESS	901 AVVENTURI AVE	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUKA, JOANN	
STREET ADDRESS	12260 EVERARD DR.	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOZAYENY, BARBARA	
STREET ADDRESS	2040 NW 13 STREET	
CITY-ST-ZIP	CRYSTALRIVER, FL 34428	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRUM, JANET	
STREET ADDRESS	3474 HARBOR DR.	
CITY-ST-ZIP	SPRING HILL, FL 34607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: JANE L SHAW

SIGNATURE REQUIRED

1/5/03 352-382-2744

CR2E037 (10/02)