

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

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90227 044 \*\*\*\*61.25

**DOCUMENT # N98000006584**

1. Entity Name

**SOUTHERN SPRINGS, INC.**



Principal Place of Business

**2032 WEDGEWOOD DRIVE  
TALLAHASSEE FL 32317**

Mailing Address

**2032 WEDGEWOOD DRIVE  
TALLAHASSEE FL 32317**

20033534



2. Principal Place of Business

**SEE ABOVE**

3. Mailing Address

**SEE ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3544500**

Applied For  
Not Applicable

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

**KLEIN, MARTY  
2032 WEDGEWOOD DRIVE  
TALLAHASSEE FL 32317**

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

*Marty Klein*

**4/23/03**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | DP                     | <input type="checkbox"/> Delete            |
| NAME           | KLEIN, MARTY           |  |
| STREET ADDRESS | 2032 WEDGEWOOD DRIVE   |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32311   |  |
| TITLE          | D                      | <input checked="" type="checkbox"/> Delete |
| NAME           | KEEN, CAT              |  |
| STREET ADDRESS | 320 W. 8TH AVENUE      |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32303   |  |
| TITLE          | D                      | <input checked="" type="checkbox"/> Delete |
| NAME           | FRASER, BARRY          |  |
| STREET ADDRESS | 79390 BRIAR CREEK ROAD |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32312   |  |
| TITLE          | D                      | <input type="checkbox"/> Delete            |
| NAME           | POWER, KAIT            |  |
| STREET ADDRESS | 2408 CADNEY COURT      |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32308   |  |
| TITLE          | D                      | <input checked="" type="checkbox"/> Delete |
| NAME           | WEINSTEIN, TAMARA      |  |
| STREET ADDRESS | 508 E. OAKLAND         |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32301   |  |
| TITLE          | D                      | <input type="checkbox"/> Delete            |
| NAME           | MASONBRINK, MARC       |  |
| STREET ADDRESS | 1530 YANCEY STREET     |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32303   |  |

|                |                        |  |
|----------------|------------------------|--|
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | CHERYL GIBSONS         |  |
| STREET ADDRESS | 2804 KILKERRANE DRIVE  |  |
| CITY-ST-ZIP    | TALLAHASSEE, FL, 32308 |  |
| 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    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          | D                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MASONBRINK, MARC       |  |
| STREET ADDRESS | 1530 YANCEY STREET     |  |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32303  |  |

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:

*Marty Klein* **REQUIRED**

**4/23/03**

CR2E037 (10/02)