

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90135 032 ***150.00

DOCUMENT # P00000002937

1. Entity Name

SPRINGZ ENTERTAINMENT CENTERS, INC.

Principal Place of Business

5101 SE 11TH AVE.
OCALA FL 34480

Mailing Address

5101 SE 11TH AVE.
OCALA FL 34480

2. Principal Place of Business

3200 E. Silver Springs Blvd

3. Mailing Address

3200 E. Silver Springs Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FLA

City & State

OCALA, FLA

4. FEI Number

65-0972444

Applied For

Not Applicable

Zip

Country

34470

MARION

Zip

Country

34470

MARION

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

VANDER MEY, JAMES E
3200 E SILVER SPRINGS BLVD.
OCALA FL 34470

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
VANDER MEY, JAMES E
5101 SE 11TH AVE.
OCALA FL 34480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James E. Vander Mey

1/29/01

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-732-3100x102

CR2E034 (10/00)