

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90081 036 ***150.00

DOCUMENT # P01000077281

1. Entity Name

SPEER MOUNTAIN RETREAT, INC.

Principal Place of Business

**2711 FOREST CLUB DR.
 PLANT CITY FL 33567**

Mailing Address

**2711 FOREST CLUB DR.
 PLANT CITY FL 33567**

00014110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6009 Stafford Rd.

6009 Stafford Rd.

City & State

City & State

Plant City, FL

Plant City, FL

4. FEI Number

59-3743747

Applied For

Not Applicable

Zip

33565

Country

USA

Zip

33565

Country

USA

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

SPEER, TERRY D

**2711 FOREST CLUB DR.
 PLANT CITY FL 33567**

Name

(Address change only)

Street Address (P.O. Box Number is Not Acceptable)

5208 Cindy Kay Drive

City

Plant City,

FL

Zip Code

33567

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, 2002 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 **D** ☐ Delete
 NAME **SPEER, TERRY D**
 STREET ADDRESS **2711 FOREST CLUB DR.**
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE ☐ Change ☐ Addition
 NAME **(Address only)**
 STREET ADDRESS **5208 Cindy Kay Drive**
 CITY-ST-ZIP **Plant City, FL 33567**

TITLE **D** ☐ Delete
 NAME **SPEER, KENTON E**
 STREET ADDRESS **1204 E. TIMBERLANE DR.**
 CITY-ST-ZIP **PLANT CITY FL 33566**

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

TITLE **D** ☐ Delete
 NAME **MISSILDINE, TRACEE S**
 STREET ADDRESS **6009 STAFFORD RD.**
 CITY-ST-ZIP **PLANT CITY FL 33565**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 an officer like empowered.

SIGNATURE: SIGNATURE REQUIRED

Terry D. Speer 1/9/02 (813) 764-8030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)