

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

0090219 AV

**DOCUMENT # P01000107597**

1. Entity Name  
**SPRING HAMMOCK PARK, INC.**

04-17-2002 90071 014 \*\*\*150.00

Principal Place of Business Mailing Address  
 P.O. BOX 520247 P.O. BOX 520247  
 LONGWOOD FL 32752 LONGWOOD FL 32752



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59 375 4127** Applied For Not Applicable

DO NOT WRITE IN THIS SPACE

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

**BOWLES, HARRISON R**  
**1205 ROXBORO ROAD**  
**LONGWOOD FL 32750**

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 *Harrison R Bowles*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*4/8/02*  
 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  Delete  
 NAME **STERLING, ROBERT III**  
 STREET ADDRESS **114 SPRING VALLEY LOOP**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE  Change  Addition  
 NAME **ROBERT STERLING, III**  
 STREET ADDRESS **114 SPRING VALLEY LOOP**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE  Delete  
 NAME **BOWLES, HARRISON R**  
 STREET ADDRESS **1205 ROXBORO ROAD**  
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE  Delete  
 NAME **STONER, MICHAEL**  
 STREET ADDRESS **1855 EAST ADAMS DRIVE**  
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE  Change  Addition  
 NAME **MICHAEL STONER**  
 STREET ADDRESS **1855 EAST ADAMS DRIVE**  
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE  Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE  Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE  Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

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 all other like empowered.

SIGNATURE: *Harrison R Bowles*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/8/02* *407 260 2214*  
 Date Daytime Phone #

CR2E034 (9/01)