FILED
Mar 26, 2002 8:00 am
Secretary of State
03-26-2002 90065 019 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03705

1. Entity Name
FORESTPARK SPRINGS B.U., INC.

DO NOT WRITE IN THIS SPACE

B0051383

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
175 LOOKOUT PLACE		175 LOOKOUT PLACE	
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc. SUITE 201	
City & State MAITLAND, FL.		City & State MAITLAND, FL	
Zip 32751	Country USA	Zip 32751	Country USA

4. FEI Number 98-0068972 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name A.C. LEERDAM
Street Address (P.O. Box Number is Not Acceptable) 175 LOOKOUT PLACE
SUITE 201
City MAITLAND FL Zip Code 32751

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	D	TITLE	
NAME	G.J. VAN DEN BERG	NAME	
STREET ADDRESS	BODEGRAAFSESTRAATWEG 163	STREET ADDRESS	
CITY-ST-ZIP	2805 GN GOUDA NETHERS	CITY-ST-ZIP	
TITLE	AIF	TITLE	
NAME	A.C. LEERDAM	NAME	
STREET ADDRESS	175 LOOKOUT PLACE, STE 201	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/15/02 407-645-5244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #