

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90015 046 ***158.75

0633789

DOCUMENT # P95000033107
 1. Entity Name
COLD SPRINGS FINANCIAL CORPORATION

Principal Place of Business 149 BROCK ST THAMESFORD ONTARIO NOM -2MO	Mailing Address 149 BROCK ST THAMESFORD ONTARIO NOM -2MO CN
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3 1 0 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**DIVINE, RUSSELL W
 24 SOUTH ORANGE AVE
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRALEY, GARY E	
STREET ADDRESS	149 BROCK ST	
CITY-ST-ZIP	THAMESFORD ONTARIO NOM -2MO	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LEROUX, GEORGE D	
STREET ADDRESS	149 BROCK ST	
CITY-ST-ZIP	THAMESFORD ONTARIO NOM -2MO	
TITLE	D	<input type="checkbox"/> Delete
NAME	COWAN, THOMAS	
STREET ADDRESS	149 BROCK ST	
CITY-ST-ZIP	THAMESFORD ONTARIO NOM -2MO	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAM, BRIAN	
STREET ADDRESS	149 BROCK ST	
CITY-ST-ZIP	THAMESFORD ONTARIO NOM -2MO	
TITLE	VTO	<input type="checkbox"/> Delete
NAME	BRILLON, MICHEL G	
STREET ADDRESS	149 BROCK ST	
CITY-ST-ZIP	THAMESFORD ONTARIO NOM -2MO	
TITLE	SO	<input type="checkbox"/> Delete
NAME	KOEBEL, JANE E	
STREET ADDRESS	149 BROCK ST	
CITY-ST-ZIP	THAMESFORD ONTARIO NOM -2MO	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowers.

SIGNATURE: *Gary E. Braley* **01/02/05** **519-285-3940**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)