

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90144 019 \*\*\*150.00

**DOCUMENT # P98000003851**

1. Entity Name

**SPRING HILL MANAGEMENT SPECIALISTS, INC.**



Principal Place of Business  
**12918 N. NEBRASKA AVE.  
TAMPA FL 33612**

Mailing Address  
**PO BOX 1530  
LUTZ FL 33548**

2. Principal Place of Business

**152 WHITAKER ROAD**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**LUTZ FL**

City & State

Zip

**33549**

Country

Zip

Country

4. FEI Number

**59-3520411**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LASDAY, FREDERIC  
16010 AMBERLY DRIVE  
TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name

**JAMES D. BRITT**

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

**152 WHITAKER ROAD**

City

**LUTZ**

**FL**

Zip Code

**33549**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**JAMES D. BRITT**

**4-24-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPVP	<input type="checkbox"/> Delete
NAME	BRITT, JAMES	
STREET ADDRESS	12805 WINNERS CIRCLE	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LASDAY, FREDERIC	
STREET ADDRESS	16010 AMBERLY DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" 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	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY SARABIA	
STREET ADDRESS	1247 KAYAK COVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN D. GORMAN	
STREET ADDRESS	1649 LYNFIELD	
CITY-ST-ZIP	LUTZ, FL. 33549	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS P. MARTIN	
STREET ADDRESS	6515 YELLOWHAMMER AVE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES D. BRITT**

Date

Daytime Phone #

**4-24-03**

**(813) 948-8157**

CR2E034 (10/02)