

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P98000080353

1. Entity Name

SPRING HAMMOCK INDUSTRIAL PARK, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

04-03-2000 90008 029 ***150.00

Principal Place of Business Mailing Address
754 FLEET FINANCIAL COURT 754 FLEET FINANCIAL COURT
SUITE 300 SUITE 300
LONGWOOD FL 32750 LONGWOOD FL 32750-3750

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3533007

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MAHONEY, ANDREA
2078 S. PARKTON DR
DELTONA FL 32750

Name Michael Towers
Street Address (P.O. Box Number is Not Acceptable)
461 Palm Springs Rd.

City Longwood FL Zip Code 32775

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, 2000 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 NAME PTD TOWERS, MICHAEL F ☐ Delete
STREET ADDRESS 754 FLEET FINANCIAL COURT
CITY-ST-ZIP LONGWOOD FL 32750

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

TITLE NAME SYD MAHONEY, ANDREA ☐ Delete
STREET ADDRESS 754 FLEET FINANCIAL COURT
CITY-ST-ZIP LONGWOOD FL 32750

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Delete
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

Daytime Phone #

407-830-6200

CR2E034 (9/99)