

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90001 050 ***150.00

DOCUMENT # P99000069732

1. Entity Name

THE SPRINGWOOD GROUP, INC.

Principal Place of Business

% ERIC B. MORRIS
11232-5 ST. JOHN'S INDUSTRIAL PARKWAY N.
JACKSONVILLE FL 32246

Mailing Address

% ERIC B. MORRIS
11232-5 ST. JOHN'S INDUSTRIAL PARKWAY N.
JACKSONVILLE FL 32246

2. Principal Place of Business

7011 Business Pk. Blvd N

Suite, Apt. #, etc.

Suite 101

City & State

Jacksonville, FL

Zip

Country

32256

USA

3. Mailing Address

7011 Business Park Blvd. N

Suite, Apt. #, etc.

Suite 101

City & State

Jacksonville, FL

Zip

Country

32256

USA

4. FEI Number

59-3590093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MORRIS, ERIC B
11232-5 ST. JOHN'S INDUSTRIAL PARKWAY N.
JACKSONVILLE FL 32246

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/02

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

TITLE PVD
NAME MORRIS, ERIC B
STREET ADDRESS 201 STELLAR CT.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE STD
NAME DEBELLIS, VICTOR
STREET ADDRESS 176 PATRICK MILL CIRCLE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

1/8/02 (904) 998-9281

Date

Daytime Phone #

CR2E034 (9/01)