

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086740

1. Entity Name

SPRINGS PROFESSIONAL PLAZA, INC.

Principal Place of Business

343 ALMERIA AVENUE
CORAL GABLES FL 33134

Mailing Address

P.O. BOX 9624
DAYTONA BEACH FL 33120-9624

2. Principal Place of Business

4260 SE 20th PLACE

Suite, Apt. #, etc.

703

3. Mailing Address

4260 SE 20th PLACE

Suite, Apt. #, etc.

703

City & State

CAPE CORAL

City & State

Cape Coral

Zip

33904

Country

Zip

33904

Country

4. FEI Number

65-0954291

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Richard Hammer

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

4260 SE 20th PLACE, #703

City

CAPE CORAL

FL

Zip Code

33904

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

Richard Hammer

Richard Hammer

4-24-01

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
HAMMER, RICHARD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAMMER, RICHARD
4260 SE 20th PLACE, #703
CAPE CORAL, FL 33904

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Richard Hammer Richard Hammer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-24-01

Daytime Phone #

941-945-7266