

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2000 8:00 am
Secretary of State

05-13-2000 90032 029 ***150.00

DOCUMENT # P99000103784

1. Entity Name

SPRINGS RELAXATION CENTER, INC.

Principal Place of Business

Mailing Address

707 BAYOU AVE
 TARPON SPRINGS FL 34689

707 BAYOU AVE
 TARPON SPRINGS FL 34689

2. Principal Place of Business

3. Mailing Address

22 N. Hibiscus St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tarpon Springs, FL

City & State

City & State

Zip

Country

Zip

Country

34689

USA

DO NOT WRITE IN THIS SPACE

657 0981861

4. FEI Number

Applied For

~~62-000-204598-250~~

Not Applicable

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

Name

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

City

FL

Zip Code

ALLCORN, JOHN

707 BAYOU AVE

TARPON SPRINGS FL 34689

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 STREET ADDRESS CITY-ST-ZIP	PSD ALLCORN, JOHN 707 BAYOU AVE TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ALLCORN, COLLEEN 707 BAYOU AVE TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Colleen Allcorn VTD Colleen Allcorn 4/27/00 938-3427
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)