

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90024 049 ***150.00

DOCUMENT # V50488

1. Entity Name

SPRING HAVEN II, INC.

Principal Place of Business

Mailing Address

100 SECOND AVE S
 SUITE 800
 ST PETERSBURG FL 33701

100 SECOND AVE S
 SUITE 800
 ST PETERSBURG FL 33701-4337

2. Principal Place of Business

3. Mailing Address

1225 Havendale Blvd.
 Suite, Apt. #, etc.

475 Central Ave
 Suite, Apt. #, etc.
 Suite 202

City & State

City & State

Winter Haven FL

St. Petersburg FL

Zip 33881

Country USA

Zip 33701

Country USA

4. FEI Number

59-3132971

Applied For

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

YOU Mans, CHRISTOPHER S.
 100 2ND AVE S, STE 800
 ST PETERSBURG FL 33701

Name

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

475 Central Ave Suite 202

City

St. Petersburg

FL

Zip Code

33701

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

Chris J. Youmans President

1/28/00

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 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|---------------------------------|------|-----------------------|--|--|---------------------------|--------------------|-------------|
| <input type="checkbox"/> Delete | D | LAMAR-HOUGH, SUSAN | 100 2ND AVE SOUTH, STE 800 ST PETERSBURG FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | DVT | HOUGH, JR. W | 100 2ND AVE S, STE. 800 ST. PETE FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | DPS | YOU Mans, CHRISTOPHER | 100 2ND AVE S, STE. 800 ST PETE FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 475 Central Ave Suite 202 | St. Petersburg, FL | 33701 |
| <input type="checkbox"/> Delete | DS | FEINBERG, HELEN H | 100 2ND AVE S, STE. 800 ST PETE FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input type="checkbox"/> 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

1/28/00

DATE

727 894 8232

DAYTIME PHONE #

CR2E034 (9/99)