

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000002177

**Entity Name:** UU WELLSRING INC

**Current Principal Place of Business:**

8848 GREY HAWK POINT  
ORLANDO, FL 32836

**Current Mailing Address:**

8848 GREY HAWK POINT  
ORLANDO, FL 32836 US

**FEI Number: 83-4545954**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NELSON, LINNEA  
8848 GREY HAWK POINT  
ORLANDO, FL 32836 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title T  
Name SCHMIDT, CHRISTIAN  
Address 1 LAWSON RD.  
City-State-Zip: KENSINGTON CA 94707

Title BM  
Name DAVID, BROOKS  
Address 19017 CHERRY BEND DR  
City-State-Zip: GERMANTOWN MD 20874

Title CHAIR  
Name IRIKURA, ELIZABETH  
Address 18919 IMPULSE LN.  
City-State-Zip: GAITHERSBURG MD 20879

Title ED  
Name NELSON, LINNEA  
Address 8848 GREY HAWK POINT  
City-State-Zip: ORLANDO FL 32836

Title BM  
Name ABBITT, VIOLA  
Address 11 CEDMWOOD DRIVE  
City-State-Zip: BALLSTON LAKE NY 12019

Title BM  
Name ALLEN, KIERSTIN HOMBLETTE  
Address 516 DANIELS AVENUE  
City-State-Zip: ORLANDO FL 32801

Title BM  
Name GOODMAN, SARA  
Address 741 MARYLAND AVE. E  
City-State-Zip: ST. PAUL MN 55106

Title BM  
Name BJERKE, CAROLYN  
Address 337 JUDY CIRCLE  
City-State-Zip: THOMOND OAKS CA 91360

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LINNEA NELSON**

**EXECUTIVE DIRECTOR**

**04/23/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name DIGNAN, KELLY  
Address 3025 S. CLERMONT DR  
City-State-Zip: DENVER CO 80222