

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

DOCUMENT# N19000002177

Feb 08, 2024

Entity Name: UU WELLSRING INC

Secretary of State

1630080181CC

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 BM
Name TYO, AARON
Address 415 ANTHONY STREET
City-State-Zip: SCHENECTADY NY 12308

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

Title BM
Name MUHSIN-LAUFMAN, SAHAR
Address 12685 MEMORIAL ST
APT 202D
City-State-Zip: DETROIT MI 48227

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

Title BM
Name WILLIAMS, WENDY
Address 14360 W. 32ND AV
City-State-Zip: GOLDEN CO 80401

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

Title BM
Name GOODMAN, SARA
Address 5118 HACKNEY RD
City-State-Zip: NORTH CHESTERFIELD VA 23235

Title CHAIR
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

**EXEC DIR AND
PRESIDENT**

02/08/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BM
Name GEIGER, JUDE
Address 97045 QUEENS BLVD
City-State-Zip: FOREST HILLS NY 11375

Title BM
Name SIMSON, TINA
Address 58 STIREWOOD DR.
City-State-Zip: ROCHESTER NY 13625