

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90398 030 \*\*\*\*61.25

**DOCUMENT # 712753**

1. Entity Name  
**520 SPRING AVENUE, INC.**

Principal Place of Business <b>520 SPRING AVE          ANNA MARIA FL 34216-4127          US</b>	Mailing Address <b>P O BOX 4127          ANNA MARIA FL 34216-4127          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>NOT APPLICABLE</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>ROBERTS, DEBBI          520 SPRING AVENUE 1          ANNA MARIA FL 34216</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>S</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BRIGHT, WILLIAM &amp; JEAN</b>			NAME			
STREET ADDRESS	<b>4534 FERN DRIVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>BRADENTON FL</b>			CITY-ST-ZIP			
TITLE	<b>PD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ROBERT, ROBERT &amp; DEBBI</b>			NAME			
STREET ADDRESS	<b>520 SPRING AVE 1</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ANNA MARIA FL</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CARLTON, GERALDYNE H</b>			NAME			
STREET ADDRESS	<b>9230 HALL RD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LAKELAND FL</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>O'DONOVAN, RITA</b>			NAME	<i>George McInerney</i>		
STREET ADDRESS	<b>520 SPRING AVE</b>			STREET ADDRESS	<i>520 Spring Avenue</i>		
CITY-ST-ZIP	<b>ANNA MARIA FL 34216</b>			CITY-ST-ZIP	<i>Anna Maria FL 34216</i>		
TITLE	<b>DT</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CAIN, PAT &amp; PETER</b>			NAME			
STREET ADDRESS	<b>520 SPRING AVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>ANNA MARIA FL 34216</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Debbi Roberts* **REQUIRED** **4/14/01 (941) 779-2143**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)