

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N02322**

1. Entity Name

CAMP CREEK OWNER'S ASSOCIATION, INC.

Principal Place of Business

**C/O BERT WARREN
132 EMERALD LAKE DR
DOTHAN AL 36303**

Mailing Address

**C/O BERT WARREN
132 EMERALD LAKE DR
DOTHAN AL 36303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

63-0900922

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

**JONES, FRANK
7998 E COUNTY HWY 30-A
PANAMA CITY BEACH FL 32413**

Name

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

City

FL

Zip Code

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

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | MARTIN, FAYE | |
| STREET ADDRESS | 1505 SELKIRK DR. | |
| CITY-ST-ZIP | DOTHAN AL | |

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | JACKSON, WILLIAM C JR | |
| STREET ADDRESS | 3524 TALL PINES CR | |
| CITY-ST-ZIP | TUSCALOOSA AL 35405 | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | WARREN, E A | |
| STREET ADDRESS | 132 EMERALD LAKE DR | |
| CITY-ST-ZIP | DOTHAN AL | |

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | JONES, FRANK | |
| STREET ADDRESS | 120 WEST CLUB DR | |
| CITY-ST-ZIP | CARROLLTON GA 30117 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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:

E.A. WARREN, TD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/2/01

Daytime Phone #

384-794-0961**FILED
Jan 22, 2001 8:00 am
Secretary of State**

01-22-2001 90130 027 ****61.25

C0007470

DO NOT WRITE IN THIS SPACE

0088116

CR2E037 (10/00)