

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90026 039 \*\*\*\*61.25

**DOCUMENT # N24918**  
 1. Entity Name  
**COUNTRY CREEK VII HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business 2215 EAST SR 200 YULEE FL 32097 US	Mailing Address P O BOX 1987 P.O. BOX 1408 YULEE FL 32041-1408 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2469047</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**POWELL, TERRELL J.**  
 2215 EAST SR 200  
 YULEE FL 32097

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b>
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: *Terrell J. Powell* DATE: 4-26-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	VPD	<input type="checkbox"/> Delete
NAME	MATTISON, LYNETTE	
STREET ADDRESS	1526 ROSE HILL DR. WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FLOWERS, DALE	
STREET ADDRESS	8923 ROSE HILL DRIVE SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MURPHIN, CHARLES E JR	
STREET ADDRESS	8929 CHERRY HILL DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLADAY, DAVID A	
STREET ADDRESS	1364 MAYBERRY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONCRIEF, HELEN	
STREET ADDRESS	8870 ROSE HILL DR. N.	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
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		

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: *DALE FLOWERS* DATE: 2/25/00 DAYTIME PHONE: 904-695-4692  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 19/99