

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29568

1. Entity Name

DEER CREEK COMMUNITY ASSOCIATION, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90014 022 ****61.25

Principal Place of Business

Mailing Address

C/O ADVANCED MANAGEMENT
STE 107
SARASOTA FL 34243
US

5899 WHITFIELD AVENUE
SUITE 107
SARASOTA FL 34243-3127
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0104143

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ADVANCED MANAGEMENT OF SW FLORIDA INC
5899 WHITFIELD AVENUE
SUITE #107
SARASOTA FL 34243

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SLACK, LEO	
STREET ADDRESS	4700 WHITE TAIL LANE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HALFAST, CHUCK	
STREET ADDRESS	8407 CYPRESS HOLLOW DRIVE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, ROBERT	
STREET ADDRESS	4474 DEER CREEK BLVD	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TEKAMPE, FLOYD	
STREET ADDRESS	8676 WOODBRIAR DRIVE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	P	<input type="checkbox"/> Delete
NAME	MENTZ, PHIL	
STREET ADDRESS	8683 WOODBRIAR DRIVE	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAMMON, IRVING	
STREET ADDRESS	8326 SHADOW PINE WAY	
CITY-ST-ZIP	SARASOTA FL 34238	

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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marion hanthier	
STREET ADDRESS	4750 Antler Trail	
CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Frey	
STREET ADDRESS	4739 WHITE TAIL LANE	
CITY-ST-ZIP	Sarasota, FL 34238	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Irwin Cooper	
STREET ADDRESS	8146 Shadow Pine Way	
CITY-ST-ZIP	Sarasota, FL 34238	

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:

Charles L. Halfast
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-00 941-923.4095

Date

Daytime Phone #

CR2E037 (9/99)