

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90137 045 \*\*\*\*61.25

**DOCUMENT # N95000004771**

1. Entity Name

**CREEKSIDE OAKS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2025 PIN HIGH DR  
 PENSACOLA FL 32526

2025 PIN HIGH DR  
 PENSACOLA FL 32526

2. Principal Place of Business

3. Mailing Address

**PO Box 37575**

**PO Box 37575**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PENSACOLA FL**

City & State

**PENSACOLA FL**

Zip

**32526**

Country

Zip

**32526**

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

**B0009431**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**LEE, ROBERT T JR.  
 2361 CADDY SHACK LN  
 PENSACOLA FL 33526**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LEE, ROBERT J SR. 2361 CALOV SHACK LN PENSACOLA FL 32526</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD REPINSKI, LEE A 2028 PIN HIGH DR PENSACOLA FL 32526</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD RIVAS, IVAN 2237 VALLE ESCONDO PENSACOLA FL 32526</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT TAYLOR, LINDA 2025 PIN HIGH DR PENSACOLA FL 32526</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2361 CADDY SHACK LANE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>T/D</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2237 VALLE ESCONDIDO</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>V/D JONES, HARVEY 2309 CADDY SHACK LANE PENSACOLA FL 32526</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 Jan 01

850-452-1677  
 Daytime Phone #

CR2E037 (10/00)