

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90017 016 ***150.00

DOCUMENT # S71412

1. Entity Name

CREEKSIDE GOLF CLUB, INC.

Principal Place of Business

Mailing Address

5555 ESPERANTO DRIVE
 PENSACOLA FL 32526-2202

5555 ESPERANTO DRIVE
 PENSACOLA FL 32526-2202

2. Principal Place of Business

3. Mailing Address

Creekside Golf Club
 Suite, Apt. #, etc.
5555 Esperanto Dr.
Pensacola, FL 32526

Creekside Golf Club
 Suite, Apt. #, etc.
5555 Esperanto Dr.
Pensacola, FL 32526



DO NOT WRITE IN THIS SPACE

City & State

City & State

FEI Number

59-3080860

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

TERRIER, PIERRE D.
2124 JAROD DRIVE
CANTONMENT FL 32533

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	TERRIER, PIERRE D.	
STREET ADDRESS	2355 W. MICHIGAN AVE.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	BARBARA S WALKER	
STREET ADDRESS	5225 CARMEL HEIGHTS DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PIERRE TERRIER 4-24-00 (850) 944-7969
 President Date Daytime Phone #

CR2E034 (9/99)