

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 396410

1. Entity Name

THE CHARLEY CREEK CO.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90027 020 ***150.00

Principal Place of Business

Mailing Address

8798 STATE ROAD 64 EAST
5 1/2 MILES WEST OF AVON PARK
WAUCHULA FL 33873
US

POST OFFICE BOX 1057
5 1/2 MILES WEST OF AVON PARK
AVON PARK FL 33826-1057
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1386929

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

WRIGHT, P JOSEPH
1519 LAKE LOTELA DR.
AVON PARK FL 33825

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	VPD	<input type="checkbox"/> Delete
NAME	WILLIAMS, HELEN N	
STREET ADDRESS	9056 STATE ROAD 64 EAST	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	WILLIAMS, CHARLES R	
STREET ADDRESS	9056 STATE ROAD 64 EAST	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WRIGHT, P JOSEPH	
STREET ADDRESS	1519 LAKE LOTELA DR.	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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

4/7/00

Date

(883) 453 2499

Daytime Phone #

CR2E034 (9/99)