

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 396410

1. Entity Name

THE CHARLEY CREEK CO.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1386929

Applied For

Not Applicable

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, 2001 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 ☐ Delete  
NAME WILLIAMS, HELEN N  
STREET ADDRESS 9056 STATE ROAD 64 EAST  
CITY-ST-ZIP WAUCHULA FL 33873

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PTD ☐ Delete  
NAME WILLIAMS, CHARLES R  
STREET ADDRESS 9056 STATE ROAD 64 EAST  
CITY-ST-ZIP WAUCHULA FL 33873

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME WRIGHT, P JOSEPH  
STREET ADDRESS 1519 LAKE LOTELA DR.  
CITY-ST-ZIP AVON PARK FL 33825

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

P. Joseph Wright, Secretary

04/16/01

Date

(863) 453-2499

Daytime Phone #

FILED

Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90068 020 \*\*\*150.00

00042381



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)