

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90131 029 ***150.00

DOCUMENT # 429998

1. Entity Name

BLACK CREEK LODGE, INC.

Principal Place of Business

**710 BLACK CREEK LODGE RD.
 FREEPORT FL 32439
 US**

Mailing Address

**710 BLACK CREEK LODGE RD.
 FREEPORT FL 32439
 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

59-1471325

Applied For

Not Applicable

5. Certificate of Status Desired

None

~~\$8.75~~ Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SETERFITT, TRUETT W., JR.
 710 BLACK CREEK LODGE RD
 FREEPORT FL 32439**

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, 2002 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 **STP** ☐ Delete
 NAME **SETERFITT, TRUETT W., JR**
 STREET ADDRESS ~~70 LUCKY LANE~~ **710 Black Creek Lodge Rd.**
 CITY-ST-ZIP **FREEPORT FL**

TITLE **STP** ☒ Change ☐ Addition
 NAME **Seterfitt, Truett W., Jr**
 STREET ADDRESS **710 Black Creek Lodge Rd**
 CITY-ST-ZIP **Freeport, FL. 32439**

TITLE **VD** ☐ Delete
 NAME **SETERFITT, TRUETT W**
 STREET ADDRESS **10874 U.S. 331 NORTH**
 CITY-ST-ZIP **DEFUNIAK SPRINGS FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02
 Date

850-835-2541
 Daytime Phone #

CR2E034 (9/01)