2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 555591

1. Entity Name

SYCAMORE CREEK, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90034 048 ***150.00

Principal Place of Business	Mailing Address
748 BROADWAY SUITE 104 DUNEDIN FL 34698	748 BROADWAY SUITE 104 DUNEDIN FL 34698-6973

2. Principal Place of Business	3. Mailing Address
1550 S. Highland Avenue	1550 S. Highland Avenue
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: Suite B
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33756 / Country: USA	Zip: 33756 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1801010 — 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
HART, MACK, Deceased 1550 S. HIGHLAND AVE. STE B CLEARWATER FL 33756	Name: Charles F. Barber Street Address (P.O. Box Number is Not Acceptable): 1550 S. Highland Avenue, Suite B City: Clearwater FL Zip Code: 33756

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 Charles F. Barber — 4-4-00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HART, BETTY 915 VICTORIA DRIVE DUNEDIN FL 34698 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARBER, CHARLES F 1550 S. HIGHLAND AVE STE B CLEARWATER FL 33756 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Charles F. Barber — 4-4-00 (727) 441-4727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)