

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90172 011 \*\*\*\*61.25

**DOCUMENT # 706041**

1. Entity Name  
**CREEK CLUB #3, INC.**

Principal Place of Business <b>8040 TATUM WATERWAY DRIVE          APT 20          MIAMI BEACH FLA 33141-5307</b>	Mailing Address <b>% ASSOC MGMT GROUP. INC.          20533 BISCAYNE BLVD. PMB 469          AVENTURA FL 33180-1529          US</b>
---	--

AUGUST 10



DO NOT WRITE IN THIS SPACE

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 <b>59-1060757</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**KREMEN, MARSHALL CAM  
 % ASSOCIATION MGMT GROUP INC.  
 500 WEST CYPRESS CREEK ROAD., STE 230  
 FORT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS

TITLE NAME D BECERRA, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS 8040 TATUM WATERWAY DRIVE - 15	
CITY-ST-ZIP MIAMI BEACH FL 33141	
TITLE NAME SD GARCIA, MARTA	<input type="checkbox"/> Delete
STREET ADDRESS 8040 TATUM WATERWAY DR. - 16	
CITY-ST-ZIP MIAMI BEACH FL 33141	
TITLE NAME TD VEGA, BORIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 8040 TATUM WATERWAY DR. #8	
CITY-ST-ZIP MIAMI BEACH FL 33141	
TITLE NAME PD PUSCHAUTZ, BETH	<input type="checkbox"/> Delete
STREET ADDRESS 8040 TATUM WATERWAY DR. - 20	
CITY-ST-ZIP MIAMI BEACH FL 33141	
TITLE NAME D TAMBOURI, MARIA	<input type="checkbox"/> Delete
STREET ADDRESS 8040 TATUM WATERWAY DR, 10	
CITY-ST-ZIP MIAMI BCH FL	
TITLE NAME VPD GEORGEFF, RAYMONDE	<input type="checkbox"/> Delete
STREET ADDRESS 8040 TATUM WATERWAY DR. - 5	
CITY-ST-ZIP MIAMI BCH FL 33141	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME S/D CARMEN LAGO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8040 TATUM WATERWAY DR # 9	
CITY-ST-ZIP MIAMI BEACH FL 33141	
TITLE NAME PD EVA JON STREHLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8040 TATUM WATERWAY DR - UNIT 11	
CITY-ST-ZIP MIAMI BEACH, FL 33141	
TITLE NAME D CARMEN DiFilippo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8040 TATUM WATERWAY DR #5	
CITY-ST-ZIP MIAMI BCH FL 33141	
TITLE NAME VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: G. DiFilippo **SIGNATURE REQUIRED: DiFilippo, Director 4/12/2000 (305) 792-0055**

CR2E037 (9/99)