

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727749

1. Entity Name

APPLE CREEK UNIT ONE, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90042 024 ****61.25

Principal Place of Business

7301 W. SUNRISE BLVD.
PLANTATION FL 33313
US

Mailing Address

7301 W. SUNRISE BLVD.
PLANTATION FL 33313-4453
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

65-0145282

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, VERONICA
7251 W SUNRISE BLVD
PLANTATION FL 33313

7. Name and Address of New Registered Agent

Name

ROBERT HOBART

Street Address (P.O. Box Number is Not Acceptable)

7301 W SUNRISE BLVD

City

Plantation

FL

Zip Code

33313

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

Robert Hobart

ROBERT HOBART

manager

4/13/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
BV DD
TOWNSEND,
7243 W. SUNRISE BLVD.
PLANTATION FL 33313

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
DS DT
BONGIOVANNI, PATRICIA
7245 W. SUNRISE BLVD
PLANTATION FL 33313

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
SV DV
SMITH, VERONICA
7251 W SUNRISE BLVD
PLANTATION FL 33313

TITLE ☒ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FARRUGGIO, JEAN
7223 W SUNRISE BLVD
PLANTATION FL 33313

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ESTHER BRESS
7247 W Sunrises Blvd
Plantation FL 33313

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Karola Fisher
7221 W Sunrises Blvd
Plantation FL 33313

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Esther M. Bress

4/13/2000

584 0786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)