

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90191 018 ****61.25

DOCUMENT # 727749

1. Entity Name

APPLE CREEK UNIT ONE, INC.

Principal Place of Business

**7301 W. SUNRISE BLVD.
 PLANTATION FL 33313
 US**

Mailing Address

**7301 W. SUNRISE BLVD.
 PLANTATION FL 33313
 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

**HOBART, ROBERT
 7301 W SUNRISE BLVD
 PLANTATION FL 33313**

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

ROBERT HOBART
 (NOTE: Registered Agent signature required when reinstating)

4/20/02
 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 NAME STREET ADDRESS CITY-ST-ZIP	DV TOWNSEND, 7243 W. SUNRISE BLVD. PLANTATION FL 33313 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BONGIOVANNI, PATRICIA 7245 W. SUNRISE BLVD PLANTATION FL 33313 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SMITH, VERONICA 7251 W SUNRISE BLVD PLANTATION FL 33313 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRESS, ESTHER 7247 W SUNRISE BLVD PLANTATION FL 33313 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: *ESTHER BRESS*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 (954) 797-7511
 Date Daytime Phone #

CR2E037 (9/01)