FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 17, 2001 8:00 am Secretary of State DOCUMENT # 728671 1. Entity Name 05-17-2001 91316 019 ****61.25 BUCKHORN CREEK, INC. Mailing Address Principal Place of Business P.O. BOX 60 P.O. BOX 60 BRANDON FL 33509 BRANDON FL 33511 HS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1672167 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AWRENCE is Not Acceptable) MORRIN, PRISCILLA H 3208 DEER COURT **BRANDON FL 33511** Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition TITLE LANRENCE KARP Delete TITLE NAME THOMPSON, GLENN C NAME 3215 DOE CT. STREET ADDRESS 926 BACK COURT STREET ADDRESS KRANDON TO CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** KICHARD DAVIS FIRST ☐ Addition Change TITLE X Delete DP NAME MORRIN, PRISCILLA H NAME BUCK CT STREET ADDRESS STREET ADDRESS 3208 DEER COURT RANDON-17. 33511 CITY-ST-7IP~ CITY-ST-ZIP BRANDON FL 33511 Delete TITLE DVP TITLE NAME NAME ULREY, GAIL STREET ADDRESS DT STREET ADDRESS 3105 CREEKDALE COURT CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 Change Addition Delete TITLE TITLE BARBAGILFE SMITH ROBINSON, ROSEMARY NAME NAME 115 CREEK GLEN CT. STREET ADDRESS STREET ADDRESS 3202 ELK COURT CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 LEGY FRIERULIN ☐ Addition Change Change Delete TITLE TITLE NAME **DURRANT, MARION** NAME STREET ADDRESS STREET ADDRESS **856 CREEKWAY CT** CITY-ST-ZIP CITY-ST-7IP BRANDON FL 33511 ☐ 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.

STREET ADDRESS

BOHND ON

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CHANDLER, MALCOLM

3207 ELK COURT

BRANDOM FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

JEAWREACER LIARP - PRESIDENT

Delete