

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740751

1. Entity Name

ROCK CREEK, INC.

Principal Place of Business

11700 STONEBRIDGE PARKWAY  
COOPER CITY FL 33026

Mailing Address

11700 STONEBRIDGE PARKWAY  
COOPER CITY FL 33026-1116

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

59-2003983

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

Name

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

City

FL

Zip Code

NACHMAN, IRVIN W  
4441 STIRLING ROAD  
FT LAUDERDALE FL 33314

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CANNER, WAYNE	
STREET ADDRESS	11745 BERRY DRIVE	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEUMAN, STAN	
STREET ADDRESS	31 BICHESTNUT CIRCLE	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	P	<input type="checkbox"/> Delete
NAME	MASON, STEVEN	
STREET ADDRESS	11270 SUN VIEW WAY	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	T	<input type="checkbox"/> Delete
NAME	PEKAREK, JAMES	
STREET ADDRESS	11725 KIMMIE DRIVE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LOWENTHAL, LARRY	
STREET ADDRESS	11565 NO OAKSIDE DRIVE	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINNAUGH, VICKI	
STREET ADDRESS	17905 NW 15TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNER WAYNE	
STREET ADDRESS	11745 BERRY DR	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOCLYN WILLS	
STREET ADDRESS	2860 W AVIARY DR	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID MALINGOFF	
STREET ADDRESS	12265 ROUNDELAY RD	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOM CHADWICK MANAGER  
2.10.2000 954 435 1727

Date

Daytime Phone #

CR2E037 (9/99)