## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 741159**

1. Entity Name

## APPLE CREEK UNIT SIX, INC.



Principal Place of Business Mailing Address 7301 W SUNRISE BLVD 7301 W SUNRISE BLVD 11006647 PLANTATION FL 33313 PLANTATION FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FE! Number 59-1863274 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOBART, ROBERT Street Address (P.O. Box Number is Not Acceptable) 7301 W. SUNRISE BLVD PLANTATION FL 33313 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Þη ☐ Delete TITLE ☐ Addition Change Change **BAGNALL. CHRISTOPHER** NAME NAME STREET ADDRESS 7507 W SUNRISE BLVD STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33313 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAMÉ PAGAN, WOODROW NAME STREET ADDRESS 7551 W SUNRISE BLVD STREET ADDRESS CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP DS. TITLE ☐ Dele Change ☐ Addition BIRD. JANETTE NAME NAME STREET ADDRESS 7569 W SUNRISE BLVD STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 00000 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME FISHER, STEWART NAME STREET ADDRESS 7543 W SUNRISE BLVD STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental upport 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 true true me empowered to execute this report as frequired 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 a other like empowered.

CITY-ST-ZIP

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SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

PLANTATION FL

7503 W SUNRISE BLVD

PLANTATION FL 33313

KING, MARY

1-28-03047975

Addition

☐ Addition

Change

Change

**FILED** 

Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90067 004 \*\*\*\*61.25