2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769092 1. Entity Name INDIAN CREEK PHASE IV A HOMEOWNER

FILED Feb 28, 2001 8:00 am Secretary of State

INDIAN (CREEK PHASE IV A HOMEOW	N,		02-28-2001 90133 019 ****61.25				
Principal Place	of Business	Mailing Address	<u></u>					
110E HALF MC JUPITER FL 33 US		110E HALFMOON CIR JUPITER FL 33468-7066 US				MIN 1281 81811 BIBIS	mand Sight Did	11 8 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0270127 Applied For Not Applicable			
				4. FEIT				
Zip	Country	Zip	Country	5. Cert	ficate of Status Desired	\$	8.75 Add	tional
	6. Name and Address of Current R	egistered Agent		·····	e and Address of New			`
			Name	9				
ELLIS, MARK H			Street	Street Address (P.O. Box Number is Not Acceptable)		ile)		
	LF MOON CIR							
Jupiter I	FL 33430		City			FL	Zip Code)
8 The above	named entity submits this statement for	the purpose of changing it	s registered office	or registered agent	or both, in the state of E		<u> </u>	
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NO	rTE: Registered Agent sig	gnature required when reinsta	ting)	DATE		
SIGNATURE .	Signature, typed or printed name of registered agent ar FILE NOW: FEE IS \$61.25	9. Election Campaig Trust Fund Contri	gn Financing	\$5.00 May B	e Mai	DATE ke Check P epartment		
SIGNATURE .	FILE NOW:	9. Election Campaig Trust Fund Contri	gn Financing	\$5.00 May B Added to Fees	e Mai	ke Check P epartment	of State	
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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 it changed, or on an attachment with an address, with all other like empowered.
MAZILH ELLIS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2001

5617463929

Daytime Phone #

7/01/