

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014861 AF

DOCUMENT # **A01348**

1. Entity Name

**SPRING CREEK VILLAGES, LTD.**

**FILED**

**01 APR 16 AM 9:26**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3591 FOWLER STREET (P. O. BOX 6966) FT MYERS FL 33911</b>	Mailing Address <b>3591 FOWLER STREET (P. O. BOX 6966) FT MYERS FL 33911</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1314736</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CRONIN, THOMAS R.  
3591 FOWLER  
FT. MYERS, FL FL 33901**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$218,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>210,000.00</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	<b>SYMONDS, CLARENCE M. JR.</b>	<b>3916 CLEVELAND AVE</b>	<b>FT. MYERS FL</b>

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	CITY-ST-ZIP
	<b>100004132545--2</b>
	<b>05/03/01--01006--010</b>
	<b>****535.00 ****535.00</b>

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**  
**SYMONDS**

**3/26/01 941-936-8888**  
Date Daytime Phone #

CR2E003 (11/00)