

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A02697**

1. Entity Name

CREEKWOOD INVESTORS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1812 MANATEE AVENUE WEST
BRANDENTON FL 33505

Mailing Address

1812 MANATEE AVENUE WEST
BRANDENTON FL 33505

2. Principal Place of Business

7110 FAIRWAY BEND LANE
Suite, Apt. #, etc.
#286

3. Mailing Address

← SAME
Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

4. FEI Number

59-1497686

Applied For

Not Applicable

Zip

Country

34243

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DES CAMPS, ENGLISH S., III
1812 MANATEE AVENUE WEST
BRADENTON FL 33505

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,657,163.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DESCHAMPS, ENGLISH S III
7512 RIVERVIEW DRIVE NW
BRADENTON FL 34209

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOSS, JAMES M.
521 9TH ST. W.
BRADENTON FL

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DESCHAMPS, BETTE JANE
7512 RIVERVIEW DRIVE NW
BRADENTON FL 34209

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

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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:

OWERYL L. SEMON
Any to Fact + Manager

4-27-2000 941-351-6986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #