

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014290 AT

DOCUMENT # **A32895**

1. Entity Name  
**DEER CREEK, LTD.**

**FILED**

**02 MAY -1 PM 6:30**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**5015 SOUTH FLORIDA AVE.  
SUITE 200  
LAKELAND FL 33813-5252**

Mailing Address  
**P.O. BOX 5252  
LAKELAND FL 33807  
US**

2. Principal Place of Business  
**500 S. FLORIDA Ave**

3. Mailing Address  
**Suite, Apt. #, etc.**

Suite, Apt. #, etc.  
**Suite 700**

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State  
**Lakeland FL**

City & State

4. FEI Number  
**59-3118560**

Applied For  
Not Applicable

Zip  
**33801**

Country

Zip

Country

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

**MCFARLANE, PETER A. ESQ  
5015 SOUTH FLORIDA AVE.  
SUITE 215  
LAKELAND FL 33813**

Name

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

**500 S. FLORIDA Ave**

**Suite 715**

City

**Lakeland**

FL

Zip Code

**33801**

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.

DATE

9. Capital Contributions as Shown on record. **\$10,000.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **V32579**  
NAME **DEER CREEK, INC.**  
STREET ADDRESS **5015 SOUTH FLORIDA AVE. STE. 200**  
CITY-ST-ZIP **LAKELAND FL**

STREET ADDRESS **500 S. FLORIDA Ave Suite 700**  
CITY-ST-ZIP **Lakeland FL 33801**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**AR-7000  
8-75 BK**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**AR-7000  
8-75 BK**

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**-05/15/02-01064-028  
\*\*\*\*167.50 \*\*\*\*167.50**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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

**4/30/02**

Date

Daytime Phone #

CR2E003 (9/01)