

2001 UNIFORM BUSINESS REPORT (UBR)

0002238 AF

DOCUMENT # **A98000000246**

1. Entity Name

CREEKSIDE PARK, LTD.

FILED

01 APR 16 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~950 N. ORLANDO AVENUE SUITE 320~~
~~WINTER PARK FL 32789~~

~~P.O. BOX 4961~~
~~ORLANDO FL 32802-4961~~

2. Principal Place of Business

3. Mailing Address

310 WAYMONT COURT

310 WAYMONT COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104

Suite 104

City & State

City & State

LAKE MARY, FL

LAKE MARY, FL

Zip

Country

Zip

Country

32746

USA

32746

USA

4. FEI Number

59-3496158

Applied For

Not Applicable

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

**B & C CORPORATE SERVICES OF CENTRAL FLORID
A, INC. 390 N. ORANGE AVENUE, SUITE 1100
ORLANDO FL 32801**

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.

\$150.00

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 # **P98000020683**
NAME **CREEKSIDE PARK, INC.**
STREET ADDRESS **950 N. ORLANDO AVENUE, SUITE 320**
CITY-ST-ZIP **WINTER PARK FL 32789**

STREET ADDRESS **310 WAYMONT COURT - Ste. 104**
CITY-ST-ZIP **LAKE MARY, FL 32746**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP **500004064245-1**
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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

CHARLES B. PALMER, VICE PRES.

Date

Daytime Phone #

CR2E003 (11/00)