

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90139 038 ***150.00

DOCUMENT # F36763
 1. Entity Name
CREEK FARMS CORP.

Principal Place of Business 1 INDEPENDENT DR STE 1600 JACKSONVILLE FL 32202 US	Mailing Address 1 INDEPENDENT DR SUITE 1600 JACKSONVILLE FL 32202-5009 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2151930	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**KREIS, ROBERT R
 1 INDEPENDENT DR
 SUITE 1600
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent
 Name: **Shields, David R.**
 Street Address (P.O. Box Number is Not Acceptable): **1 Independent Drive**
 Suite: **Suite 1600**
 City: **Jacksonville** FL Zip Code: **32202**

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: **David R. Shields** DATE: **April 4, 2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE VS	KREIS, ROBERT R	<input checked="" type="checkbox"/> Delete
NAME	1 INDEPENDENT DR STE 1600	
STREET ADDRESS	JACKSONVILLE FL 32202	
CITY-ST-ZIP		
TITLE PD	LOVETT, R. D.	<input type="checkbox"/> Delete
NAME	1 INDEPENDENT DR STE 1600	
STREET ADDRESS	JACKSONVILLE FL 32202	
CITY-ST-ZIP		
TITLE VT	WILLIAMS, L. D.	<input checked="" type="checkbox"/> Delete
NAME	1 INDEPENDENT DR STE 1600	
STREET ADDRESS	JACKSONVILLE FL 32202	
CITY-ST-ZIP		
TITLE AS	MELLO, JEANNINE	<input type="checkbox"/> Delete
NAME	1 INDEPENDENT DR STE 1600	
STREET ADDRESS	JACKSONVILLE FL 32202	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shields, David R.	
STREET ADDRESS	1 Independent Drive, Suite 1600	
CITY-ST-ZIP	Jacksonville, Florida 32202	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mello, Jeannine	
STREET ADDRESS	1 Independent Drive, Suite 1600	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **David R. Shields, V-Pres** 4/4/00 (904) 634-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)