

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90120 008 \*\*\*150.00

**DOCUMENT # F97000000502**

**1. Entity Name**  
**SILVER CREEK DISTILLERS, INC.**

**Principal Place of Business**  
**11770 S.E. OLD DIXIE HWY**  
**HOBE SOUND FL 33455**

**Mailing Address**  
**11770 S.E. OLD DIXIE HWY**  
**HOBE SOUND FL 33455**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number**  
**82-0422644**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

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

**MALLORY, EARL K**  
**1907 COMMERCE LANE**  
**SUITE 104**  
**JUPITER FL 33458**

**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 re-stating) DATE

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**TITLE** PD ☐ Delete  
**NAME** OTTLEY, PHILIP G  
**STREET ADDRESS** 11770 SE OLD DIXIE HWY  
**CITY-ST-ZIP** HOBE SOUND FL

**TITLE** STD ☐ Delete  
**NAME** OTTLEY, PHILLIP  
**STREET ADDRESS** 11770 SE OLD DIXIE HWY  
**CITY-ST-ZIP** HOBE SOUND FL 33455

**TITLE** D ☐ Delete  
**NAME** KENNEDY, JACK  
**STREET ADDRESS** 2001 SANTA MONICA BLVD #1265 W.  
**CITY-ST-ZIP** SANTA MONICA CA 92408

**TITLE** VP ☐ Delete  
**NAME** FISHER, WILLIAM  
**STREET ADDRESS** PO BOX 3625  
**CITY-ST-ZIP** HAILEY ID 83333

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)