

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H60308

1. Entity Name

EAGLE CREEK COMMERCIAL COMPANY, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90091 037 \*\*\*158.75

Principal Place of Business

Mailing Address

~~601 EAGLE CREEK DRIVE --~~  
NAPLES FL 31113  
US

~~601 EAGLE CREEK DRIVE --~~  
NAPLES FL 34113-8036  
US

2. Principal Place of Business

625 Eagle Creek Drive

3. Mailing Address

625 Eagle Creek Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2728764

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMICO, DAVID J  
~~601 EAGLE CREEK DRIVE~~  
NAPLES FL 34113

7. Name and Address of New Registered Agent

Name

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

625 Eagle Creek Drive

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. 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	D	<input type="checkbox"/> Delete
NAME	LIPS, HERBERT	
STREET ADDRESS	<del>601 EAGLE CREEK DRIVE</del>	
CITY-ST-ZIP	NAPLES FL	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	AMICO, DAVID J.	
STREET ADDRESS	<del>601 EAGLE CREEK DRIVE --</del>	
CITY-ST-ZIP	NAPLES FL	
TITLE	CTD	<input type="checkbox"/> Delete
NAME	SCHWAGER, HANSPETER	
STREET ADDRESS	<del>601 EAGLE CREEK DRIVE</del>	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINEMANN, HANSJORG	
STREET ADDRESS	<del>601 EAGLE CREEK DRIVE</del>	
CITY-ST-ZIP	NAPLES FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	625 Eagle Creek Drive	
CITY-ST-ZIP	34113	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	625 Eagle Creek Drive	
CITY-ST-ZIP	34113	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	625 Eagle Creek Drive	
CITY-ST-ZIP	34113	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	625 Eagle Creek Drive	
CITY-ST-ZIP	34113	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J. Amico

4/24/2000

(941) 775-2227

Date

Daytime Phone #

CR2E034 (9/99)