

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K20302

1. Entity Name

TROUBLE CREEK PROPERTIES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90031 003 ***150.00

Principal Place of Business

Mailing Address

% DAVID M. BOGGS
P O BOX 1531
TAMPA FL 33601

% DAVID M. BOGGS
P O BOX 1531
TAMPA FL 33601-1531

2. Principal Place of Business

101 E. KENNEDY BLVD

3. Mailing Address

40 T. SESSUMS, 101 E. KENNEDY BLVD

Suite, Apt. #, etc.

SUITE 3200

Suite, Apt. #, etc.

SUITE 3200

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33602

Country

Zip

33602

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0069486

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

BOGGS, DAVID M.
111 MADISON ST
SUITE 2300
TAMPA FL 33602

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. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME FORBES, JAMIE III
STREET ADDRESS 35008 EMERALD COAST PKWY., STE. 400
CITY-ST-ZIP DESTIN FL 32541

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

TITLE STD ☐ Delete
NAME SESSUMS, T. TERRELL
STREET ADDRESS 101 EAST KENNEDY BLVD., SUITE 3200
CITY-ST-ZIP TAMPA FL 33602

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

T. Terrell Sessums
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
T. TERRELL SESSUMS

4/28/00
Date

(813) 224-9000
Daytime Phone #

CR2E03471