

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K51590

1. Entity Name

WOLF CREEK CONSULTING, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90320 048 \*\*\*150.00

Principal Place of Business

Mailing Address

1764 SW ST. ANDREWS DR.  
PALM CITY FL 34990  
US

1764 SW ST. ANDREWS DR.  
PALM CITY FL 34994-9563  
US

2. Principal Place of Business

4141 HORIZON N. PKY  
Suite, Apt. #, etc.  
525

3. Mailing Address

4141 HORIZON N. PKY  
Suite, Apt. #, etc.  
525

City & State  
DALLAS, TX

City & State  
DALLAS, TX

Zip  
75287

Country  
U.S.A.

Zip  
75287

Country  
U.S.A.

4. FEI Number

65-0093356

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANDERS, TOM  
1764 S.W. ST. ANDREWS DR.  
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name  
ELIZABETH E. SANDERS

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

954 MONTROSE BLVD N.

City  
ST. PETERSBURG

FL

Zip Code  
33703

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 ELIZABETH E. SANDERS

X Elizabeth E. Sanders

4/27/00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
SANDERS, TOM  
1764 S.W. ST. ANDREWS DR  
PALM CITY FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
SANDERS, MARYANN  
1764 SW ST ANDREWS  
PALM CITY FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SANDERS, ELIZABETH E.  
P O BOX 20176 N/A  
ST PETERSBURG FL 33742 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SANDERS, C.W.  
2980 ALTON DRIVE  
ST. PETERSBURG FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4141 HORIZON N. PKY. #525  
DALLAS, TX 75287 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
4141 HORIZON N. PKY. #525  
DALLAS, TX 75287 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
954 MONTROSE BLVD. N.  
ST. PETERSBURG, FL 33703 ☒ Change ☐ Addition

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

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

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

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

4/24/00

Date

972-248-3087

Daytime Phone #

CR2E034 (9/99)