

2001 UNIFORM BUSINESS REPORT (UBR)

0024612 AF

DOCUMENT # L00000001760

1. Entity Name

CREEL & WILCOX DEVELOPMENT, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR 26 PM 3:11

Principal Place of Business

2501 N.W. 66TH COURT
GAINESVILLE FL 32653

Mailing Address

2501 N.W. 66TH COURT
GAINESVILLE FL 32653



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2317 N.W. 66 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GAINESVILLE FL

4. FEI Number

59-3626225

Applied For

Not Applicable

Zip

Country

Zip

Country

32653 FLA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREEL, KENNETH R
2317 N.W. 66TH COURT
GAINESVILLE FL 32653

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/18/01

352

376 8399

Date

Daytime Phone #

CR2E083 (11/00)