

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002948**

1. Entity Name
SPRING CREEK CENTER, L.C.

FILED

00 JAN 10 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**6566 DANIEL COURT
FORT MYERS FL 33908**

Mailing Address
**6566 DANIEL COURT
FORT MYERS FL 33908-2004**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8800 SIGNAL ROAD

3. Mailing Address
8800 SIGNAL ROAD

Suite, Apt. #, etc.
SUITE 2

Suite, Apt. #, etc.
SUITE 2

City & State
BONITA SPRINGS FL

City & State
BONITA SPRINGS FL

Zip Country
34135 LEE

Zip Country
34135 LEE

4. FEI Number
65-0878565

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**WINER, STEVEN I ESQ
ONE UNIVERSITY PARK, SUITE 600
12800 UNIVERSITY DRIVE
FORT MYERS FL 33907**

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 _____ (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

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	HARBOURSIDE CONSTRUCTION, INC.	6566 DANIEL COURT FORT MYERS FL 33908	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	8800 SIGNAL ROAD, SUITE 2	BONITA SPRINGS, FL 34135	<input type="checkbox"/>	<input type="checkbox"/>
	600003099556--1	-01/14/00--01090--013	<input type="checkbox"/>	<input type="checkbox"/>
	*****50.00	*****50.00	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED** *E Colton* 1-6-2000 941 949 0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)