

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

10. ADDITIONS/CHANGES

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