

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

34135

Country

LEE

Zip

34135

Country

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

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

TITLE NAME MGR
STREET ADDRESS HARBOURSIDE CONSTRUCTION, INC.
CITY- ST- ZIP 6566 DANIEL COURT
FORT MYERS FL 33908 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 8800 SIGNAL ROAD, SUITE 2
CITY- ST- ZIP BONITA SPRINGS, FL 34135

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600003099556--1
CITY- ST- ZIP -01/14/00--01090--013
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

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

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

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)