

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90008 047 ****55.00

DOCUMENT # **L99000000372**

1. Entity Name

HAMMOCK CREEK LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2400 GOLDEN BEAR WAY

Suite, Apt. #, etc.

3. Mailing Address

2101 S. CONGRESS AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALE CITY, FL

City & State

DELAWARE BEACH, FL

4. FEI Number

75-2808319

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

33445

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GEORGE T. ELMORE

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

2101 SO. CONGRESS AVE.

City

DELAWARE BEACH

FL

Zip Code

33445

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable

GEORGE T. ELMORE, PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

**PDS
GEORGE T. ELMORE
2101 S. CONGRESS AVE
DELAWARE BEACH, FL 33445**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**700004891107--0
-02/07/02--01084--001
****308.75 ****158.75**

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IN THIS SPACE**

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 on an attachment with an address, with all other filers, empowered.

SIGNATURE:

GEORGE T. ELMORE, PRESIDENT

1-14-02 (56) 278-0456

Date

Daytime Phone #

CR2E034B (12/01)