

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90042 017 *****50.00

DOCUMENT # L99000001660

1. Entity Name

SPRING CREEK-MELBOURNE, L.C.



Principal Place of Business

**751 NORTH DRIVE
SUITE 7
MELBOURNE FL 32934**

Mailing Address

**751 NORTH DRIVE
SUITE 7
MELBOURNE FL 32934**

2. Principal Place of Business

1020 W. EAU GALLIE BLVD

3. Mailing Address

1020 W. EAU GALLIE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE I

SUITE I

City & State

MELBOURNE, FLORIDA

City & State

MELBOURNE, FLORIDA

Zip

Country

32935

Zip

Country

32935



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3565337**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FRESE, GARY B

**930 S. HARBOR CITY BLVD., SUITE 505
MELBOURNE FL 32901**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **GUST, DONALD E**
STREET ADDRESS **751 SOUTH DRIVE SUITE 7**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **MGR** ☒ Delete
NAME **SHERBIN, STEPHEN**
STREET ADDRESS **751 NORTH DRIVE SUITE 7**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE **MGR** ☒ Delete
NAME **URSELL, TERRENCE V**
STREET ADDRESS **1309 ROBERT E LEE LANE**
CITY-ST-ZIP **STEMBOAT SPRINGS CO 80485**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **WILLIAM C. SMITH**
STREET ADDRESS **2850 PINEAPPLE AVE**
CITY-ST-ZIP **MELBOURNE, FL 32935**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 DONALD E. GUST** **4/7/03 (321) 259-8957**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0052056

CR2E083 (10/02)