

2000 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

00 MAY -3 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006975

1. Entity Name

HORSE CREEK PROPERTIES, LLC

Principal Place of Business

5551 RIDGEWOOD DRIVE, STE 501
NAPLES FL 34108

Mailing Address

5551 RIDGEWOOD DRIVE, STE 501
NAPLES FL 34108-2719

2. Principal Place of Business

3001 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 207

City & State

Naples, FL

Zip
34103

Country
USA

3. Mailing Address

3001 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 207

City & State

Naples, FL

Zip
34103

Country
USA

4. FEI Number

59-3606297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERKOVICH, JOSEPH I

5551 RIDGEWOOD DRIVE 3001 Tamiami Trail N., Ste. 207
NAPLES FL 34108 Naples, FL 34103

7. Name and Address of New Registered Agent

Name

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

ADDRESS CHANGE ONLY

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)

4/27/00
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
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	Manager/President Parker J. Collier 3001 Tamiami Trail N., Suite 207 Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager/Secretary Joseph I. Perkovich 3001 Tamiami Trail N., Suite 207 Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Deborah L. Kurtyka 3001 Tamiami Trail N., Suite 207 Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	200003269662--5 -05/30/00--01013--013 *****50.00 *****50.00	<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 Joseph I. Perkovich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/27/00

Date

941-435-1122

Daytime Phone #

CR2E083 (9/99)