

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008578

1. Entity Name  
ELK CREEK RANCH, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 12 PM 1:25

Principal Place of Business  
701 BRICKELL AVENUE, SUITE 1400  
MIAMI FL 33131-2822

Mailing Address  
701 BRICKELL AVENUE, SUITE 1400  
MIAMI FL 33131-2822



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

266-33-7566

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOSIK, VICTOR L  
701 BRICKELL AVENUE, SUITE 1400  
MIAMI FL 33131-2822

Name

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

300003326943-9

-07/18/00--01086--011

City

\*\*\*\*\*50. FL #200000.00

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

Managing Member ☐ Change ☒ Addition

Kiki L. Courtelis

701 Brickell Avenue, Suite 1400

Miami, Florida 33131-2822

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ 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 689, Florida Statutes.

SIGNATURE:

KIKI L. COURTELIS *Kiki L. Courtelis* 7-10-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)