

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State
 09-17-2001 90141 032 ***550.00

DOCUMENT # M21128

1. Entity Name
INDIAN CREEK RESTAURANT MANAGEMENT, INC.

Principal Place of Business

**1800 CENTRAL BLVD.
 JUPITER FL 33458-7301**

Mailing Address

**1800 CENTRAL BLVD.
 JUPITER FL 33458-7301**

2. Principal Place of Business

3. Mailing Address

PO Box 7251

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter

City & State

FL

Zip

33468

Country

US

Zip

33468

Country

US

4. FEI Number

59-2602986

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUBINSKI, PETER MICHAEL
 1800 CENTRAL BLVD.
 JUPITER FL**



**Peter Lubinski
 P.O. Box 7251
 Jupiter, FL 33468**

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

Peter M Lubinski

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D LUBINSKI, PETER MICHAEL**
 STREET ADDRESS **6339 FOX RUN CRCL**
 CITY-ST-ZIP **JUPITER FL**

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

TITLE ☒ Delete
 NAME **ST LUBINSKI, VIRGINIA R.**
 STREET ADDRESS **6339 FOX RUN CRCL**
 CITY-ST-ZIP **JUPITER FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter M Lubinski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-1-01 561-7436304

747-6304

CR2E034 (5/01)