

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000787

1. Entity Name

CREEKRIDGE, L.L.C.

FILED

01 JUL 30 AM 8:47

Principal Place of Business

Mailing Address

5200 NW 43RD ST., SUITE 102-208  
GAINESVILLE FL 32606

5200 NW 43RD ST., SUITE 102-208  
GAINESVILLE FL 32606

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2381003

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SIMS, EUGENE C  
6425 NW 29TH TERRACE  
GAINESVILLE FL 32606

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

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  
Due By September 26, 2001

800004513018--6  
-08/02/01--01068--005  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME SIMS, EUGENE C  
STREET ADDRESS 5200 NW 43RD ST., SUITE 102-208  
CITY-ST-ZIP GAINESVILLE FL 32606 ☐ Delete

TITLE MGRM  
NAME C+G INVESTORS, INC.  
STREET ADDRESS 5200 NW 43rd St., Ste. 102-208  
CITY-ST-ZIP GAINESVILLE, FL 32606 ☐ Change ☒ Addition

TITLE MGRM  
NAME SIMS, CHRISTINE T  
STREET ADDRESS 5200 NW 43RD ST., SUITE 102-208  
CITY-ST-ZIP GAINESVILLE FL 32606 ☒ Delete

TITLE MGRM  
NAME PHILIP OMER  
STREET ADDRESS 446 OAK GROVE RD.  
CITY-ST-ZIP SPARTANBURG, S.C. 29301 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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 608, Florida Statutes.

SIGNATURE:

CHRISTINE T. SIMS

7/24/01 (352) 870-4831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)