

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004717

1. Entity Name

PEACH CREEK ALLIANCE, INC.

Principal Place of Business

66 EVE CIRCLE
SANTA ROSA BEACH FL 32459

Mailing Address

66 EVE CIRCLE
SANTA ROSA BEACH FL 32459

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
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LISCHKA, KURT
66 EVE CIRCLE
SANTA ROSA BEACH FL 32459

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME LISCHKA, KURT ☐ Delete
STREET ADDRESS 66 EVE CIRCLE
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE D
NAME BERRY, ED ☐ Delete
STREET ADDRESS POST OFFICE BOX 42
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE D
NAME BARRETT, LARRY ☐ Delete
STREET ADDRESS 4293 E. HIGHWAY 98
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE D
NAME GODWIN, CID ☐ Delete
STREET ADDRESS 4293 E. HIGHWAY 98
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME JOAN VIENOT ☐ Change ☒ Addition
STREET ADDRESS 521 EOEN DRIVE
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE D
NAME TIANA BURTON ☐ Change ☒ Addition
STREET ADDRESS 205 CAMPBELL ST.
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Kurt Lischka 3/31/01 (750) 231 0352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90006 005 ****61.25

940596



DO NOT WRITE IN THIS SPACE

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