

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43255

1. Entity Name

EAGLE CREEK VI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

5899 WHITFIELD AVE
#107
SARASOTA FL 34234
US

Mailing Address

5899 WHITFIELD AVE.
#107
SARASOTA FL 34234
US

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

65-0285059

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

ADVANCED MANAGEMENT OF SOUTHWEST FL INC.
5899 WHITFIELD AVE
#107
SARASOTA FL 34243

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DEBAR, FRANK
STREET ADDRESS 7576 EAGLE CREEK DR.
CITY-ST-ZIP SARASOTA FL 34243 ☒ Delete

TITLE PD
NAME HARRY F. WILLOE
STREET ADDRESS 7594 EAGLE CREEK DRIVE
CITY-ST-ZIP SARASOTA, FL 34243 ☐ Change ☒ Addition

TITLE SD
NAME ANDLER, ROBERT
STREET ADDRESS 180 BRIDLE PATH
CITY-ST-ZIP WILLIAMSVILLE NY 14221 ☐ Delete

TITLE TD
NAME ELLEN C. SULLIVAN
STREET ADDRESS 2630 EAGLE CREEK DR
CITY-ST-ZIP SARASOTA FL 34243 ☒ Change ☐ Addition

TITLE TD
NAME SULLIVAN, ELLEN
STREET ADDRESS 2630 EAGLE CREEK DR
CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

HARRY F. WILLOE
HARRY F. WILLOE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/2001

941-359-1134

CR2E037 (10/00)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90007 003 ****61.25



DO NOT WRITE IN THIS SPACE