

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000001990****1. Entity Name**
CROSS CREEK INITIATIVE, INC.**FILED**
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90004 003 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business
117 NW 16TH AVENUE
GAINESVILLE FL 32601**Mailing Address**
117 NW 16TH AVENUE
GAINESVILLE FL 32601**2. Principal Place of Business**
500 NW 16TH AVE
Suite, Apt. #, etc. **4****3. Mailing Address**
500 NW 16TH AVE
Suite, Apt. #, etc. **4****City & State**
Gainesville, FL
Zip **32601** **Country** **Alachua****City & State**
Gainesville, FL
Zip **32601** **Country** **Alachua****4. FEI Number** **59-3259471**
Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****ESSELSTYN, ERIK C**
3820 NW 44TH AVE
GAINESVILLE FL 32606**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C/D	KIBERT, CHARLES J	307 NW 5TH AVE	GAINESVILLE FL 32601	
VCD	FONOROW, KEN	HWY 26	NEWBERRY FL 32669	
T/D	DYKES, CAROL ANN	4600 NW 30TH AVE	GAINESVILLE FL 32606	
D	KOKEN, MELINDA	1025 NW 3RD AVE	GAINESVILLE FL 32601	
D	ESSELSTYN, ERIK C	3820 NW 44TH AVE	GAINESVILLE FL 32606	
D	PARKHURST, WILLIAM	15000 WEST HWY 318	WILLISTON FL 32696	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:****ERIK C. ESSELSTYN**
ERIK C. ESSELSTYN
1/3/01
352-371-3718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)