

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90054 034 ****61.25

DOCUMENT # N94000001990

1. Entity Name

CROSS CREEK INITIATIVE, INC.

Principal Place of Business

Mailing Address

500 NW 16TH AVE

500 NW 16TH AVE

4

4

GAINESVILLE FL 32601

GAINESVILLE FL 32601

2. Principal Place of Business

3. Mailing Address

15220 NW 5 AVE

15220 NW 5 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEWBERRY, FL

NEWBERRY, FL

Zip

32669

Country

USA

Zip

32669

Country

USA

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

7. Name and Address of New Registered Agent

ESSELSTYN, ERIK C
 3820 NW 44TH AVE
 GAINESVILLE FL 32606

Name

Ken Fonorow

Street Address (P.O. Box Number is Not Acceptable)

15220 NW 5 AVE

City

NEWBERRY

FL

Zip Code

32669

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)

4/8/02
 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 C/D ☐ Delete
 NAME KIBERT, CHARLES J
 STREET ADDRESS 307 NW 5TH AVE
 CITY-ST-ZIP GAINESVILLE FL 32601

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

TITLE VCD ☐ Delete
 NAME FONOROW, KEN
 STREET ADDRESS HWY 26
 CITY-ST-ZIP NEWBERRY FL 32669

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

TITLE T/D ☐ Delete
 NAME DYKES, CAROL ANN
 STREET ADDRESS 4600 NW 30TH AVE
 CITY-ST-ZIP GAINESVILLE FL 32606

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

TITLE D ☐ Delete
 NAME KOKEN, MELINDA
 STREET ADDRESS 1025 NW 3RD AVE
 CITY-ST-ZIP GAINESVILLE FL 32601

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

TITLE D ☐ Delete
 NAME ESSELSTYN, ERIK C
 STREET ADDRESS 3820 NW 44TH AVE
 CITY-ST-ZIP GAINESVILLE FL 32606

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

TITLE D ☐ Delete
 NAME PARKHURST, WILLIAM
 STREET ADDRESS 15000 WEST HWY 318
 CITY-ST-ZIP WILLISTON FL 32696

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02
 Date

352-472-5661
 Daytime Phone #

CR2E037 (9/01)