

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003103

1. Entity Name

CROSS CREEK ESTATES HOMEOWNERS ASSOCIATION VII,

Principal Place of Business

12501 CROSS CREEK BLVD
FT MYERS FL 33912
US

Mailing Address

12501 CROSS CREEK BLVD
FT MYERS FL 33912-4677
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

65-0677787

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

BURNS, ALAN R
10491 SIX MILE CYPRESS PARKWAY
FT MYERS FL 33912

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 GRIMES, JOE ☒ Delete
STREET ADDRESS 10491 SIX MILE CYPRESS PARKWAY
CITY-ST-ZIP FT MYERS FL 33912

TITLE PD ☒ Change ☐ Addition
NAME STEVE BENSON
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY
CITY-ST-ZIP FT MYERS, FL 33912

TITLE DV ☒ Delete
NAME MCMURRAY, DARIN
STREET ADDRESS 10491 SIX MILE CYPRESS PARKWAY
CITY-ST-ZIP FT MYERS FL 33912

TITLE DV ☒ Change ☐ Addition
NAME GRIMES, JOE
STREET ADDRESS 10481 SIX MILE CYPRESS PKWY
CITY-ST-ZIP FT MYERS, FL 33912

TITLE DST ☐ Delete
NAME BURNS, ALAN R
STREET ADDRESS 10491 SIX MILE CYPRESS PARKWAY
CITY-ST-ZIP FT MYERS FL 33912

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10481
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 fee empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90004 034 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)