

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**  
 03-25-2002 90070 015 \*\*\*\*61.25

**DOCUMENT # N97000005857**

1. Entity Name

**CUSHING CREEK HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5063 THOMAS CREEK DRIVE  
 CALLAHAN FL 32011

5063 THOMAS CREEK DRIVE  
 CALLAHAN FL 32011

2. Principal Place of Business

4713 Keen Cemetery Rd  
 Suite, Apt. #, etc.

3. Mailing Address

4713 Keen Cemetery Rd  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Callahan, FL

City & State

Callahan, FL

4. FEI Number

59-3504836

Applied For

Not Applicable

Zip

32011

Country

Zip

32011

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HIGGINBOTHAM, MARVIN E  
 5063 THOMAS CREEK DRIVE  
 CALLAHAN FL 32011

7. Name and Address of New Registered Agent

Name **Daniel R. Hendricks**

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

4713 Keen Cemetery Rd

City

Callahan

FL

Zip Code

32011

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

*Daniel R. Hendricks*  
 Signature, typed or printed name of registered agent and title if applicable.

**DANIEL R HENDRICKS** 3-12-02  
 PRESIDENT +  
 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 **DP** ☒ Delete  
 NAME **HIGGINBOTHAM, MARVIN E**  
 STREET ADDRESS **5063 THOMAS CREEK DR**  
 CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE **VPD** ☒ Delete  
 NAME **HIGGINBOTHAM, MILDRED P**  
 STREET ADDRESS **5063 THOMAS CREEK DR**  
 CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE **STD** ☒ Delete  
 NAME **OUTHER, SANDRA**  
 STREET ADDRESS **5063 THOMAS CREEK DR**  
 CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 **DP** ☒ Change ☐ Addition  
 NAME **Daniel R. Hendricks**  
 STREET ADDRESS **4713 Keen Cemetery Rd**  
 CITY-ST-ZIP **Callahan, FL 32011**

TITLE **VPD** ☒ Change ☐ Addition  
 NAME **Jimmy L. Gambile**  
 STREET ADDRESS **5077 Pinebreeze Blvd.**  
 CITY-ST-ZIP **Callahan, FL 32011**

TITLE **STD** ☒ Change ☐ Addition  
 NAME **Shirley Cox**  
 STREET ADDRESS **5080 Pinebreeze Blvd.**  
 CITY-ST-ZIP **Callahan, FL 32011**

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: Daniel R. Hendricks** **DANIEL R. HENDRICKS** 3-12-02 904-8793441  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)