

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.

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| Principal Place of Business 5063 THOMAS CREEK DRIVE CALLAHAN FL 32011 | Mailing Address 5063 THOMAS CREEK DRIVE CALLAHAN FL 32011 |
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| 2. Principal Place of Business 4713 Keen Cemetary Rd Suite, Apt. #, etc. | 3. Mailing Address 4713 Keen Cemetary 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 <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

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| 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 Cemetary Rd City: Callahan FL Zip Code: 32011 |
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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* DANIEL R HENDRICKS 3-12-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: DP NAME: HIGGINBOTHAM, MARVIN E STREET ADDRESS: 5063 THOMAS CREEK DR CITY-ST-ZIP: CALLAHAN FL 32011 <input checked="" type="checkbox"/> Delete | | TITLE: DP NAME: Daniel R Hendricks STREET ADDRESS: 4713 Keen Cemetary Rd CITY-ST-ZIP: Callahan, FL 32011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: VPD NAME: HIGGINBOTHAM, MILDRED P STREET ADDRESS: 5063 THOMAS CREEK DR CITY-ST-ZIP: CALLAHAN FL 32011 <input checked="" type="checkbox"/> Delete | | TITLE: VPD NAME: Jimmy L. Gambile STREET ADDRESS: 5074 Pinebreeze Blvd. CITY-ST-ZIP: Callahan, FL 32011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: STD NAME: OUTHER, SANDRA STREET ADDRESS: 5063 THOMAS CREEK DR CITY-ST-ZIP: CALLAHAN FL 32011 <input checked="" type="checkbox"/> Delete | | TITLE: STD NAME: Shirley Cox STREET ADDRESS: 5080 Pinebreeze Blvd. CITY-ST-ZIP: Callahan, FL 32011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: <input type="checkbox"/> Delete | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: <input type="checkbox"/> Delete | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE: <input type="checkbox"/> Delete | | TITLE: <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: *Daniel R. Hendricks* DANIEL R. HENDRICKS 904-8793441
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)