

2000 UNIFORM BUSINESS REPORT (UBR)

0011320

DOCUMENT # N98000000100

1. Entity Name

CREEKWOOD WEST COMMERCIAL ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 3:47

Principal Place of Business

1023 MANATEE AVENUE WEST
BRADENTON FL 34205

Mailing Address

1023 MANATEE AVENUE WEST
BRADENTON FL 34205

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

65-1032996

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

GRIMES, CALEB J ESQ
1023 MANATEE AVENUE WEST
BRADENTON FL 34205

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

After September 13, 2000 min. will be \$236.25

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 SEMON, CHERYL L
STREET ADDRESS 7110 FAIRWAY BEND LN, 286
CITY-ST-ZIP SARASOTA FL 34243

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

000003471470--9
-11/20/00--01156--014

TITLE STD
NAME MARVIN, DARENDA D
STREET ADDRESS 1023 MANATEE AVE W
CITY-ST-ZIP BRADENTON FL 34205

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

*****236.25 *****236.25

TITLE VD
NAME GLADFELTER, LESLIE H
STREET ADDRESS 1023 MANATEE AVE W
CITY-ST-ZIP BRADENTON FL 34205

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl L. Semon, President 10-2-00 (941) 3511908

Date

Daytime Phone #

CR2E037 (5/00)