

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000100

1. Entity Name

CREEKWOOD WEST COMMERCIAL ASSOCIATION, INC.

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

7110 FAIRWAY BEND LANE

3. Mailing Address

← SAME

Suite, Apt. #, etc.

286

Suite, Apt. #, etc.

City & State

SARASOTA FL.

City & State

Zip

Country

34243

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SEMON, CHERYL L	
STREET ADDRESS	7110 FAIRWAY BEND LN.,286	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARVIN, DARENDA D	
STREET ADDRESS	1023 MANATEE AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GLADFELTER, LESLIE H	
STREET ADDRESS	1023 MANATEE AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

941-351-6986

Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90037 008 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)