

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90330 032 ***150.00

DOCUMENT # P00000006232

1. Entity Name

PANTHER CREEK, INC.

Principal Place of Business

1101 SIMONTON ST.
KEY WEST FL 33040

Mailing Address

1101 SIMONTON ST.
KEY WEST FL 33040

2. Principal Place of Business

345 White Springs Rd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 95
Suite, Apt. #, etc.

City & State

Telogia, FL

City & State

Telogia, FL

Zip

32360

Country

Liberty

Zip

32360

Country

Liberty

4. FEI Number

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

HERZOG, THEODORE W ESQ
1101 SIMONTON ST.
KEY WEST FL 33040

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME VILLARREAL, DIANA T
STREET ADDRESS P.O. BOX 95
CITY-ST-ZIP TELOGIA FL 32334

TITLE SEC/TRES/CO-C ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/P ☐ Delete
NAME THEODORE W. HERZOG
STREET ADDRESS 1101 SIMONTON STREET
CITY-ST-ZIP KEY WEST, FL 33040

TITLE D/P ☐ Change ☐ Addition
NAME THEODORE W. HERZOG
STREET ADDRESS 1101 SIMONTON STREET
CITY-ST-ZIP KEY WEST, FL 33040

TITLE D/CO-C ☐ Delete
NAME JOSEPH E. ANTONINI
STREET ADDRESS 1800 W. MAPLE ROAD
CITY-ST-ZIP TROY, MICHIGAN 48064

TITLE D/CO-C ☐ Change ☐ Addition
NAME JOSEPH E. ANTONINI
STREET ADDRESS 1800 W. MAPLE ROAD
CITY-ST-ZIP TROY, MICHIGAN 48064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Diane Villarreal sec/TRES/CO-C
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DIANA T. VILLARREAL D/CO-C
Date March 30, 2001 (P.S.D) 643-3061
Daytime Phone #

CR2E034 (10/00)