

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000006232**

1. Entity Name
PANTHER CREEK, INC.

Principal Place of Business

**346 WHITE SPRINGS RD
TELOGIA FL 32360**

Mailing Address

**P.O. BOX 95
TELOGIA FL 32360**

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

APPLIED FOR

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, 2002 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 **STC** ☐ Delete
NAME **VILLARREAL, DIANA T**
STREET ADDRESS **P.O. BOX 95**
CITY-ST-ZIP **TELOGIA FL 32334**

☐ Change ☐ Addition
800005538548--0
-05/16/02--01004--001
*******450.00 *****150.00**

TITLE **DP** ☐ Delete
NAME **HERZOG, THEODORE W** **HERZOG**
STREET ADDRESS **1101 SIMONTON ST**
CITY-ST-ZIP **KEY WEST FL 33040**

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

TITLE **DCC** ☐ Delete
NAME **ANTONINI, JOSEPH E**
STREET ADDRESS **1800 W. MAPLE RD**
CITY-ST-ZIP **TROY MI 48064**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ 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
indicated on this report or supplemental report is true and accurate and that my signature shall have the
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter
changed, or on an attachment with an address, with all other like empowered.

certify that the information
at I am an officer or director
and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

0567626
AT

FILED

02 MAY -7 PH 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

*Used 300.00
for Cor*