

2001 UNIFORM BUSINESS REPORT (UBR)

1/19/01

FILED
Feb 06, 2001 8:00 am
Secretary of State

01-19-2001 90036 020 ***150.00

DOCUMENT # P00000032485

1. Entity Name

CREECH PROPERTIES, INC.

Principal Place of Business

**406 SW 2ND STREET
 OKEECHOBEE FL 34973**

Mailing Address

**406 SW 2ND STREET
 OKEECHOBEE FL 34973**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1006506

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CREECH, DANIEL B
 406 SW 2ND STREET
 OKEECHOBEE FL 34973**

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

Lori Creech, Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-01

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

TITLE **President - Treasurer** ☐ Delete
 NAME **Daniel Creech**
 STREET ADDRESS **2201 SW 28th St. #49**
 CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE **Vice President - Secretary** ☐ Delete
 NAME **Lori Blair Creech**
 STREET ADDRESS **2201 SW 28th St. #49**
 CITY-ST-ZIP **Okeechobee, FL 34974**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

Lori Creech, Pres.

DATE

Daytime Phone #

1-9-01 863-467-4232

CR2034 (10/00)