

2001 UNIFORM BUSINESS REPORT (UBR)

1000000

FILED

Feb 08, 2001 8:00 am
Secretary of State

01-09-2001 90016 032 ***158.75

DOCUMENT # P00000081949

1. Entity Name

CREEKSIDE DEVELOPMENT OF LEE COUNTY, INC.

Principal Place of Business

16681 MCGREGOR BLVD.
SUITE 307
FORT MYERS FL 33908

Mailing Address

16681 MCGREGOR BLVD.
SUITE 307
FORT MYERS FL 33908

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1038428

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DODRILL, DANIEL W
16681 MCGREGOR BLVD.
SUITE 307
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

Same as at left

Street Address (P.O. Box Number is Not Acceptable)

12410 MCGREGOR WOODS CIR

City

Fort Myers

FL

Zip Code

33908

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DODRILL, DANIEL W	
STREET ADDRESS	12410 MCGREGOR WOODS CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	DODRILL, KAREN	
STREET ADDRESS	12410 MCGREGOR WOODS CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33908	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dodrill, Daniel W	
STREET ADDRESS	Same as at left	
CITY-ST-ZIP		
TITLE	DVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dodrill, Karen M.	
STREET ADDRESS	Same as at left	
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		

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:

Karen M. Dodrill, V.P.

1/5/01

Date

(941) 466-3955

Daytime Phone #

CR2E034 (10/00)