

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90264 050 \*\*\*550.00

**DOCUMENT # P00000087833**

1. Entity Name  
**EAGLE CREEK CORP.**

Principal Place of Business

**4226 DESOTO AVE.  
 FT. MYERS FL 33905**

Mailing Address

**4226 DESOTO AVE.  
 FT. MYERS FL 33905**

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

**52-2266699**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SCHECHT, NEIL S  
 3426 W. KENNEDY BLVD.  
 TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name **SHARON MIZRACHI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4226 DESOTO AVE.  
 FORT MYERS,  
 FL Zip Code  
 33905**

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

*Sharon Mizrahi* **SHARON MIZRACHI Vice Pres.**

**7-18-2001**

(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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **MIZRACHI, MOTY**  
 CITY-ST-ZIP **210 KIMBARY DR.  
 CENTERVILLE OH 45458-4130**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **D/P**  
 STREET ADDRESS **MOTY MIZRACHI**  
 CITY-ST-ZIP **4226 DESOTO AVE  
 FORT MYERS, FL. 33905**

TITLE ☐ Change ☒ Addition  
 NAME **V/T/S**  
 STREET ADDRESS **SHARON MIZRACHI**  
 CITY-ST-ZIP **4226 DESOTO AVE  
 FORT MYERS, FL 33905**

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

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

TITLE ☐ Change ☐ Addition  
 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 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:

*Sharon Mizrahi* **SHARON MIZRACHI** **7/18/2001** **944-6226**

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (5/01)