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FILED

Jul 11, 2002 8:00 am
Secretary of State

05-05-2002 90018 035 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000077856

1. Entity Name

CROSS CREEK CAFE, INC.

Leave as Inc.

Cross Creek Cafe, LLC.

Principal Place of Business

4210 NW 97TH BLVD.
GAINESVILLE FL 32606

Mailing Address

4210 NW 97TH BLVD.
GAINESVILLE FL 326064200 NW 97th Blvd
Gainesville, FL 32606

2. Principal Place of Business

3. Mailing Address

4200 NW 97th Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gainesville, FL

4. FEI Number

59-3738055

Applied For

Not Applicable

Zip

Country

Zip

Country

32606

USA

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

HAUFLER, EUGENE B
4210 NW 97TH BLVD.
GAINESVILLE FL 32606

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ DeleteSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ DeleteSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ DeleteSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ DeleteSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ DeleteSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ DeleteSTREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☒ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionSTREET 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)