

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90119 045 ***150.00

0324052 AV

DOCUMENT # P01000104550

1. Entity Name

QUAIL CREEK PLANTATION, INC.

Principal Place of Business

**1080 SE THIRD AVENUE
 FT LAUDERDALE FL 33316**

Mailing Address

**1080 SE THIRD AVENUE
 FT LAUDERDALE FL 33316**

2. Principal Place of Business

12399 NE 224 Street

Suite, Apt. #, etc.

3. Mailing Address

1080 SE 3rd Ave.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OKEECHOBEE, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-1150122

Applied For

Not Applicable

Zip

34972

Country

USA

Zip

33316

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
 ONE SE THIRD AVENUE 28TH FLOOR
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **PETER WRIGHT**

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

1080 SE 3RD AVE

City

Ft. LAUDERDALE

FL

Zip Code **33316**

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

2/15/02

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, HARRIS W	
STREET ADDRESS	1080 SE THIRD AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	FANIZZI, FRED	
STREET ADDRESS	12399 NE 224 ST	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Harris W. Hudson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02 (954) 356-5800
 Date Daytime Phone #

CR2E034 (9/01)