

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 91056 001 *1,676.25

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P15869		
1. Entity Name EAGLE CREEK HOLDINGS, INC.		
Principal Place of Business 625 EAGLE CREEK DRIVE NAPLES, FL 34113 US		Mailing Address 625 EAGLE CREEK DRIVE NAPLES, FL 34113 US
2. Principal Place of Business <i>2340 Stanford Court</i>		3. Mailing Address <i>2340 Stanford Court</i>
Suble, Apt. #, etc.		Suble, Apt. #, etc.
City & State <i>Naples, FL</i>		City & State <i>Naples FL</i>
Zip <i>34112</i>		Country <i>USA</i>
4. FEI Number 59-2818026		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> DATE <i>1/29/03</i>		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD SCHWAGER, HANSPETER 625 EAGLE CREEK DRIVE NAPLES, FL 34113 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEINEMANN, HANSJORG 625 EAGLE CREEK DRIVE NAPLES, FL 34113 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD AMICO, DAVID J 625 EAGLE CREEK DRIVE NAPLES, FL 34113 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIPS, HERBERT 625 EAGLE CREEK DRIVE NAPLES, FL 34113 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>[Signature]</i>		Date <i>2/29/2003</i> Daytime Phone #

55044285



☐ CHECK HERE IF MAKING CHANGES

POSTED

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ENTERED