

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000029761

1. Entity Name
SABAL CREEK DEVELOPMENT, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90087 038 ***150.00

Principal Place of Business
952-B BIG TREE ROAD
SOUTH DAYTONA FL 32119
US

Mailing Address
P O BOX 214578
SOUTH DAYTONA FL 32121-4578
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3187402		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BLEDSON, JAMES R. 952-B BIG TREE ROAD SOUTH DAYTONA FL 32119				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAMES R. BLEDSON			NAME			
STREET ADDRESS	952-B BIG TREE ROAD			STREET ADDRESS			
CITY-ST-ZIP	SOUTH DAYTONA FL			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLEDSON, JAMES R			NAME			
STREET ADDRESS	952 BIG TREE ROAD			STREET ADDRESS			
CITY-ST-ZIP	SOUTH DAYTONA FL			CITY-ST-ZIP			
TITLE	DVPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LORE L. BLEDSON			NAME			
STREET ADDRESS	952-B BIG TREE ROAD			STREET ADDRESS			
CITY-ST-ZIP	SOUTH DAYTONA FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	Stephen B. Sliger		
STREET ADDRESS				STREET ADDRESS	3921 S. Nova Road		
CITY-ST-ZIP				CITY-ST-ZIP	Port Orange, FL 32127		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: JAMES R. BLEDSOE 03-05-01 904-761-6111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)