

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000044578

1. Entity Name

ROCK CREEK PARTNERS MANAGEMENT, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90075 037 ***150.00

Principal Place of Business

Mailing Address

RIVERPLACE BLVD

902

JACKSONVILLE FL 32207

1200 RIVERPLACE BLVD

SUITE 902

JACKSONVILLE FL 32207-1806

US

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

59-3187966

Applied For

Not Applicable

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

CORPORATION INFORMATION SERVICES, INC.

1201 HAYS ST.

TALLAHASSEE FL 32301

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	DAHL, JAMES H	1200 GULF LIFE DR., SUITE 902	JACKSONVILLE FL 32207	<input type="checkbox"/>
VD	CAHOON, ARTHUR L	1200 GULF LIFE DR., SUITE 902	JACKSONVILLE FL 32207	<input type="checkbox"/>
VD	DAHL, WILLIAM L	1200 GULF LIFE DR., SUITE 902	JACKSONVILLE FL 32207	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1200 RIVERPLACE BLVD SUITE 902	JACKSONVILLE FL 32207	<input checked="" type="checkbox"/>
		1200 RIVERPLACE BLVD SUITE 902	JACKSONVILLE FL 32207	<input checked="" type="checkbox"/>
		1200 RIVERPLACE BLVD SUITE 902	JACKSONVILLE FL 32207	<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

William L. Dahl

2/2/00

(904) 393-9020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)