

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000072489

1. Entity Name
HAMMOCK CREEK REALTY, INC.

FILED

02 FEB -6 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4152 W. BLUE HERON BLVD.
SUITE 128
RIVIERA BEACH FL 33404

Mailing Address
4152 W. BLUE HERON BLVD.
SUITE 128
RIVIERA BEACH FL 33404

2. Principal Place of Business

3. Mailing Address
2101 S. CONGRESS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DELRAY BEACH FL

Zip

Country

Zip
33445

Country
USA

4. FEI Number 65-0584145

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELMORE, GEORGE T
2350 SO CONGRESS AVE.
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name
GEORGE T. ELMORE
Street Address (P.O. Box Number is Not Acceptable)
2101 S. CONGRESS AVE
City
DELRAY BEACH FL Zip Code
33445

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 of Registered Agent (Name of Registered Agent and the company) (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 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	PD ELMORE, GEORGE T 2350 S. CONGRESS AVE. DELRAY BEACH FL 33445-7398	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHAEFER, CONRAD W 4152 W. BLUE HERON BLVD., SUITE 128 RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FAGAN, GREGORY J 4152 W. BLUE HERON BLVD., SUITE 128 RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEEHAN, RICHARD C 200 ADMIRAL'S COVE BLVD. JUPITER FL 33477	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGE T. ELMORE 2101 S. CONGRESS AVE DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONRAD W. SCHAEFER 2101 S. CONGRESS AVE DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREGORY J. FAGAN 2101 S. CONGRESS AVE DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 an officer like empowered.

SIGNATURE:

REQUIRED

1-14-02 (561) 278-0456

Date

Daytime Phone #

CR2E034 (9/01)