

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-07-2000 90019 018 ***150.00

914933

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000010655
1. Entity Name LITTLE HAW CREEK INC.

Principal Place of Business 505 KELLER AVE
DELEON SPRINGS, FLA 32130
Mailing Address 5505 KELLER AVE
DELEON SPRINGS FLA.
32130

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 59-2343213
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BLACKWELDER, STANLEY JR.
5616 OLD PERKINS HWY.
DELEON SPRINGS, FLA. 32130
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.

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		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	BLACKWELDER, STANLEY JR.	NAME	
STREET ADDRESS	5616 OLD PERKINS HWY	STREET ADDRESS	
CITY-ST-ZIP	DELEON SPRINGS, FLA. 32130	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, STEVEN T.	NAME	
STREET ADDRESS	1998 CORNELL ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FLA. 32068	CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN WILLIAM R. JR.	NAME	
STREET ADDRESS	5505 KELLER AVE	STREET ADDRESS	
CITY-ST-ZIP	DELEON SPRINGS, FLA. 32130	CITY-ST-ZIP	
TITLE	d <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWELDER, ELOISE	NAME	
STREET ADDRESS	1410 HEATHER GLEN DR.	STREET ADDRESS	
CITY-ST-ZIP	DELEON FLA. 32724	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, BRIAN	NAME	
STREET ADDRESS	5595 OLD PERKINS, HWY	STREET ADDRESS	
CITY-ST-ZIP	DELEON SPRINGS, FLA. 32130	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: WILLIAM R. MORGAN JR. *William R. Morgan* 2-13-2000 904-985-1562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)