

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93596 013 ***150.00

DOCUMENT # P95000012257

1. Entity Name

CANNON CREEK, INC.

Principal Place of Business

**RT 15 BOX 4112
 LAKE CITY FL 32024
 US**

Mailing Address

**RT 15 BOX 4112
 LAKE CITY FL 32024
 US**

2. Principal Place of Business

3. Mailing Address

RT 2 BOX 275-7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CITY & STATE
 HIGH SPRINGS FL**

4. FEI Number

65-0557963

Applied For

Not Applicable

Zip

Country

Zip

Country

32643

COLUMBIA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BLOOMER, ROBERT
 4112 ARROWHEAD RD
 RT 15 BOX 4112
 LAKE CITY FL 32024**

7. Name and Address of New Registered Agent

**Name
 KIMBERLY MINK
 Street Address (P.O. Box Number is Not Acceptable)
 RT 2 BOX 275-7
 City
 HIGH SPRINGS FL Zip Code
 32643**

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.

KIMBERLY MINK

2-11-02

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
 D
 O'LEARY, MELANIE
 RT 15 BOX 4112
 LAKE CITY FL 32024** ☒ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PS
 BLOOMER, ROBERT H
 RT 15 BOX 4112
 LAKE CITY FL 32024** ☒ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Delete

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DP
 MINK, LAURENCE M
 RT 2 BOX 275-7
 HIGH SPRINGS FL 32643** ☐ Change ☒ Addition

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DS
 MINK, KIMBERLY K
 RT 2 BOX 275-7
 HIGH SPRINGS FL 32643** ☐ 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

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

KIMBERLY MINK

2-11-02

386 454 4553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)