05/03/02 FRI 13:24 FAX 305 3610974 KIENE,HAND & CO

2002 UNIFORM BUSI_SS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90421 001 ***150.00

DOCUMENT # P96000030451

1. Entity Name
CREEKSIDE COUNTRY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
240 CRANDON BLVD., STE 202 KEY BISCAYNE FL 33149	5980 SNOWMASS CREEK RD SNOWMASS CO 81654

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5980 Snowmass Ck Rd	5980 Snowmass Ck. Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Snowmass - Co.	City & State: Snowmass Co.
Zip: 81654 County: Pitkin	Zip: 81654 County: Pitkin

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HAND, JEFFREY C CPA
240 CRANDON BLVD., STE 202
KEY BISCAYNE FL 33149

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, 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	PD	☐ Delete
NAME	WOODROW, RAYMOND H	
STREET ADDRESS	5980 SNOWMASS CREEK RD	
CITY-ST-ZIP	SNOWMASS CO 81654	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Raymond H. Woodrow 4/30/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR