

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090936

1. Entity Name

DAVIS CREEK CORPORATION

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90065 011 ***150.00

Principal Place of Business

Mailing Address

1329 KINGSLEY AVE STE D
ORANGE PARK FL 32073

1329 KINGSLEY AVE STE D
ORANGE PARK FL 32073-4530

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2271482

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NICHOLS, JOHN W
1329 KINGSLEY AVE STE D
ORANGE PARK FL 32073

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 ☐ Delete
NAME VD
STREET ADDRESS STAFFORD, DAVIS
CITY-ST-ZIP 1755 LONG SLOUGH WALK
ORANGE PARK FL 32073

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2075 SALT MYRTLE LANE
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE ☐ Delete
NAME VD
STREET ADDRESS RIVERS, VAUGHN
CITY-ST-ZIP 2245 REED STREET
ORANGE PARK FL 32073

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VSTD
STREET ADDRESS NICHOLS, JOHN W
CITY-ST-ZIP 1796 KEL LANE
MIDDLEBURG FL 32068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VD
STREET ADDRESS NICHOLS, STEVEN P
CITY-ST-ZIP 19310 OAK VIEW TERRACE
HOUSTON TX 77094

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS BRADY, DALE J
CITY-ST-ZIP 937 BIRDWOOD
ORANGE PARK FL 32073

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-00

904-264-1165

CR2F034/01001