## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P96000093068** Feb 28, 2000 8:00 am 1. Entity Name CARROLL CREEK DEVELOPMENT CO. **Secretary of State** 02-28-2000 90176 023 \*\*\*150.00 Principal Place of Business Mailing Address 1051 WINDERLEY PLACE 1051 WINDERLEY PLACE SHITE 307 SUITE 307 MAITLAND FL 37744-0271 MAITLAND FL 32751 2. Principal Place of Business 3. Mailing Address Box 271 P,O, 3190 Houston Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3412358 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GALLIMORE, E. LYNDON Street Address (P.O. Box Number is Not Acceptable) 1051 WINDERLEY PLACE NORTH WYMORE SUITE 307 ITE 102 MAITLAND FL 32751 City 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. DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Change Addition ☐ Delete TITLE GALLIMORE, E. LYNDON NAME NAME 3190 Houston Valley Road Greeneville, TN 37243 1051 WINDERLEY PLACE, SUITE 307 STREET ADDRESS STREET ADDRESS MAITLAND FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE GALLIMORE, ELLSWORTH G NAME NORTH NYMORE ROAD, SUITE 102 1051 WINDERLEY PLACE, SUITE 307 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND FL CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE 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.

Lyndon Gallimore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR