

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093068

1. Entity Name

CARROLL CREEK DEVELOPMENT CO.

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90046 041 ***150.00

Principal Place of Business

3190 HOUSTON VALLEY RD
GREENEVILLE TN 37743
US

Mailing Address

PO BOX 271
GREENEVILLE TN 37744-0271
US

00000010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3240 E. Andrew Johnson Hwy

3. Mailing Address

3240 E. Andrew Johnson Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Greeneville TN

City & State

Greeneville TN

Zip

Country

37745

USA

Zip

Country

37745

USA

4. FEI Number

59-3412358

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GALLIMORE, ELLSWORTH G
557 N. WYMORE RD
STE 102
MAITLAND FL 32751

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, 2001 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 PT
NAME GALLIMORE, E. LYNDON
STREET ADDRESS 3190 HOUSTON VALLEY RD
CITY-ST-ZIP GREENEVILLE TN 37743 ☐ Delete

TITLE VPS
NAME GALLIMORE, ELLSWORTH G
STREET ADDRESS 557 N WYMORE RD STE 102
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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: *E. Lyndon Gallimore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Lyndon Gallimore
President
pres.

Date

2-5-01 (423)639-4663

Daytime Phone #

CR2E034 (10/00)